BINDIN

RESERVED

MARGIN

S. No.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example 1		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis BECEIVED	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage AUG 5 1935	July 5, 1927	Peritonitis	3 days ago
BURFAU V. S.			
Other contributory causes of importance:	3	Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

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Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

1. PLACE OF DEATH			. 100		
County Baltimore	***************************************	Registration Dist_No.	ラン		
Village or City Mt. Wilso		No. Tuberculosis Sanatorium	Ward		
Langth of residenca in city or town whare deeth	occurrad 1 yrs 7 mos	death occurred in a horpital or institution, give its NAME instead of street are	J market		
	ailovich	- Ji			
(a) Residence: No. 1620 Tham	es Street (Usualplace of abode)	St., Ward. Baltimore, Md	L o		
PERSONAL AND STATISTICA	L PARTICULARS	MEDICAL CERTIFICATE OF DEATH			
Female White	SINGLE, MARRIED, WIDOWED, DR DIVORCED (write the word) Married	21. DATE OF DEATH July 29 th (Month) (Day)	, 193 5 . (Year)		
5e. If marriad, widowed, or divorced HUSBAND of (or) WIFE of Peter Bai	lovich	22. I HEREBY CERTIFY. That I attends December 20th 19 33 to July 29	ad deceased from		
6. DATE OF BIRTH (month, dey, end year) NOVe	mber 16th,1907	I last saw h er elive on July 29 19 3	5 : death is said		
7. AGE Years Months 27 8	Days If LESS then 1 day,hrs. ormin.	to heve occurred on the data stated above, at . 5 . 20 P.m. The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:			
8. Trade, profession, or perticular kind of work done, as SPINNER, HOSAWYER, BDOKKEEPER, atc	usewife		Date of enset		
< 9. Industry or business in which	home.	Pulmonary tuberculosis	1930		
work was dona, es SILK MILL, AT SAW MILL, BANK, etc	11. Total tima (vaers)				
o 10. Date decaesed last worked at this occupetion (monthed .1933	spent in this 8 yrs				
12. BIRTHPLACE (city or town) Baltimo: (State or country) Marylan		Other Contributory Canses of importance:			
13. NAME Albert Tarons	ka	Tuberculous Laryngitis	June 1935		
13. NAME Albert Tarons 14. BIRTHPLACE (city or town) Unknow	n	Name of operation No operation. Date of			
(State or country) Poland Sophia Och		What test confirmed diagnosis? X-ray, and was there are	au'opsy?_NO		
Inlenous		23. If death was due to extarnal causes (VIOLENCE) fill in also the following			
(State or country)		Accident, suicide, or homicide? Date of injury Where did Injury occur?	, 19		
17. INFORMANT Louis Schuerhol (Addrass) Mt. Wilson,		(Specify city or town, county and Si Specify whether injury occurrad in INDUSTRY, in HOME, or in PUBLIC F	ate) LACE,		
18. BURIAL, CREMATION, OR REMOVAL Place JOY MANY Da	10 My 120 35	Menner of Injury			
19. UNDERTAKER AND COMPANY COM	miles At	24. Was diseasa or injury In any way ralated to occupation of deceased?	No		
20. FILED \$ 30 / 1935 & 6	wehal Registrar.	(Signad) folia () Duith (Modreys) Mt. Wilson, Md.	M. D.		

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Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

V. S. No. 1

S	TATE C	F MAR	YLAND-	CERTIFICATE OF DEATH	07440		
1. PLACE OF DEA	TH /	71		107-0	14		
County	1 Jax	lemor	1	Registration Dist. No. 4	+2		
Village or City	Na	letho	The OIT	No. St. death occurred in a hospital or institution, give its NAME instead of street	., Ward		
Length of residence in ci	ty or town where	death occurred	yrsmos	ds. How long in U.S. if of foreign birth?yrs	mosds		
2. FULL NAME	Forda	in L	Sarton				
(a) Residence: No	Elizabet	to Cor. X (Usual place		, St., Ward. If nonresident give city or town	n and State		
PERSONAL AN	D STATIST	ICAL PART	ICULARS	MEDICAL CERTIFICATE OF DEAT	Ή		
male 7	R OR RACE		RRIED, WIDOWED, ED (write the word)	21. DATE OF DEATH /2 (Month) (Day)	193 S (Year)		
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of				22. I HEREBY CERTIFY. That I attended deceased			
6. DATE OF BIRTH (month, day	, and year)	March 4	-1933	1 last sawn in alive on July 12 , 19	غري ; deeth is sal		
7. AGE Years 2	Months 4	Days &	If LESS than 1 day,hrs. ormin.	to have occurred on the date stated above, at	Date of onse		
8. Trade, profession, or p. kind of work done, SAWYER, BOOKKEE	as SPINNER, PER, etc.			Enteritis	7/8/35		
SAW MILL, BANK,	SILK MILL,				7-7		
10. Date deceased last wor this occupation (mo year)	nth and	Sp6	time (years) ent In this cupation				
12. BIRTHPLACE (city or town) (State or country)	Balti	mine C	cty	Other Contributory Causes of importance:	7/11/2		
1	and 1	Barton		1 Journal Victoria			
13. NAME Educe 14. BIRTHPLACE (city or to (State or country)	wn)	lts. Ci	K	Name of operation Date What test confirmed diagnosis? Julianum Was there			
15. MAIDEN NAME	Margare	1 Leh	man	23. If death was due to external causes (VIOLENCE) fill in also the following			
15. MAIDEN NAME 16. BIRTHPLACE (city or to (State or country)	wn)	Balto. C	iz	Accident, suicide, or homicide? Date of injury, Where did injury occur?			
17. INFORMANT Margaret Lehman.			men.	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.			
18. BURIAL, CREMATION, OR REMOVAL			- 4	Manner of Injury			
Place	nulask	Date //	Mr. 15., 18.) S.	Nature of injury			
19. UNDERTAKER	1 Coo	x/	1	24. Was disease or Injury In any way related to occupation of deceased	17 /10		
(Address)	750	Paul	4:11	If so, specify (Signed) (Signed)			
20. FILED WALLY	19.5.1.	afn	Registrar.	(Address) Helsting and			

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			BECEINED	
Other contributory causes of importance:		Other contributor	causes of importance:	
Gallstones	May 1,1923	Gastroenteritis		1 year

PHYSIproper PERSONAL AND STATISTICAL PARTICULARS 5 SINGLE, 3 SEX 4 COLOR OR RACE pe may be WHOOMED. OR DIVERCED hould 6 DATE OF BIRTH tha ction (Day) (Year) (Month) 7 AGE If LESS than I day hrs. THIS 田口 or min.? OCCUPATION ESERV (a) I rade, profession or particular kind of work (b) General nature of industry business, or establishment in which employed or (employer) MARGIN 9 BIRTHPLACE (State or country) 10 NAME OF FATHER CAUSE CF 11 BIRTHPLACE RENTS OF FATHER (State or country) 12 MAIDEN NAME tte PA OF MOTHER d state 13 BIRTHPLACE OF MOTHER (State or Country) CIANS should statement of C Former or usual res.dence (Informant) Filed Registrar 23

STATE OF MARYL CERTIFICATE OF DEATH

Registration Dist. No.

(If death occurred in a hospital or institu-Ward) tion, give its NAME it stead of street and number.)

MEDICAL CERTIFICATE OF DEATH	- 135
B DATE OF DEATH July 12	, 193 1
7 I HEREBY CERTIFY, That I attended the d	
192, to	
nat I last saw halive on	, 192
nd that death occurred on the date stated above, at the CAUSE OF DEATH * was as follows: MyMbers	, /.
Then hestiduration) 3 pro., Contributory Legiclesterifle	mos de
igned) The Governg	mosds
*State the Liscase Causing Death, or, in de Violent Causes, state (1) Means of Injury and (2)	aths from 2) Whether

10 LINGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents)

At plane f deathyrsmos	the State	yrs	ds
Where was disease contracted, not at place of dea h?	 4000.04.200.000		······

OF BURIAL

If more b.anks are needed, addre. s .: tate Negistrar, 18 W. Saratoga St., Balto., Kequesting V. S. 1.0. 1.

(Approved by U. S. Census and American Fublic Health Association.)

the first line will be sufficient, e.g., Farmer or Planter, tion applies to e.ch and every person, irrespective c fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of octired 6 yrs). For persons who have no occupation state occupation at beginning of illness. If retired from work, or At Home, and children, not gainfully ena-ployed, as At school, or At home. Care should be taken to report specifically the occupations of persons enlaborer, Farm laborer, Laborer-Coal mine, etc. Women at home, who are engaged in the duties of the Spinner, (b) Cotton mill; (a) should be used only when needed. As examples: (a) additional line is provided for the latter statement; i nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, whatever, write Nonc. or given up on account of the DISEASE CAUSING DEATHER. gaged in domestic service for wages, as Servant, Cook. Housemaid, etc. If the occupation has been changed definite salary), may be entered as Housewife, I quesworked on may form part of the second statement. Never return "Laborer," "For man," "Manager," "Dealbusiness, that fact may be indicated thus; Farmer (household only (not paid Housekeepers who receive a report specifically the occupations of persons Foreman, (b) Automobile factory. The material For many occupations a single word or term on without more precise specification as Day Salesman. Locomotive engineer, 6 Grocery,

Statement of Cause of Death—Name, first, the DISTEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same dise.se. Examples: Cerebrospinal fever (the only definite synonym is "Epidemia cerebros inal meningitis"); Diphtheria (avoid use of "Croup"); S. inal meningitis"); Diphtheria (avoid Pneumonia"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia");

Texamples: Accidental drowning; Struck by railway traincarbolic acid—probably suicide. The n-ture of the injury. as fracture of skull, and consequences (e.g., sepsis, 07 st_ted unless important. Example: Measles (disease use of "Tumor" for malignant neoplasms); Measles; inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., ol Mian and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, State cause for which surgical operation was under-"PUERPERAL septicacmia," "PUERPERAL peritonitis," etc. diseases resulting from childbirth or miscarriage as can be ascertained as the cause. "Uraemia," "Weakness," etc., when a definite disease "Debility" ("Congenital," "Senile," etc.), "Dropsy,"
"E.haustion," "Heart failure," "Haemorrhage," tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), (secondary or intercurrent) affection need not be Chronic interstitial nephritis, Whooping unqualified, is indefinite); Tuberculosis of lungs, mentaken. FOR VIOLENT DEATHS state MEANS OF INJU.: Y (name origin; "Cancer" is less definite; avoid approved by Committee on Nomenclature Recommendations on statement of cause of death American Medical Association.) s probably such, if impossible to determine definitely. (s) may be stated under the head of "contributory." "Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condicough; Chronic valvular heart disease; nephrilis, etc. The contributory Always qualify all

If this certificate is looked over thoroughly and all quistions answers in detail, it will prevent further correspondence. All the local sessential and must be obtained before the certificate is permanently field.

PATION

FATHER

MOTHER

tant

import

If LESS than

1 day,...hrs

or min.

PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) 5a. If married, widowed, or divorced HUSBAND of (or) WIFE of 6. DATE OF BIRTH (month, day, end yeer) 7. AGE Months 8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc 9 Industry or business in which work was done, es SILK MILL. SAW MILL, BANK, atc ... 10. Date deceased last worked at 11. Total tima (years) this occupation (month afid spent in this occupation ...

_____Date__

County

Village or City

12. BIRTHPLACE (city or town). (State or country)

15. MAIDEN NAME

14. BIRTHPLACE (city or town).

(State or country)

16. BIRTHPLACE (city or town).

18. BURIAL, CREMATION, OR REMOVAL

(State or country)

13. NAME

17. INFORMANT

19. UNDERTAKER (Address)

I HEREBY CERTIFY. That I attended deceased from 19...... to to heve occurred on the date stated above, at-The PRINCIPAL CAUSE OF DEATH and related causes of importance Discroses made, from history obtained from Other Contributory Causes of importance: Name of operation What test confirmed diagnosis? Was there en autopsy?..... 23. If death was due to external causes (VIOL ENCE) fillin elso the following:

21. DATE OF DEATH

Registration Dist. No.

MEDICAL CERTIFICATE OF DEATH

Specify whather injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Nature of injury_____

24. Wes diseasa or injury in any way related to occupation of deceased?__

(Specify eity or town, county and State)

If nonresident give city or town and State

Date of onset

in plain efully DEATH should OF CAUSE LION

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Registrar.

Where did injury occur?___

(Address) _

Mannar of injury

If so, specify

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	BUREAU V. S.			
Other contributory ca	auses of importance:		Other contributory causes of importance:	
Gallstones		May 1,1923	Gastroenteritis	1 year
		1		

Vas not a war veleran

(Approved by U. S. Census and American Public Health Association.)

sary to know (a) the kind of work and also (b) the fulness of various pursuits can be known. The quescupation is very important, so that the relative healthstate occupation at beginning of illness. If retired er," etc., without more precise specification as Day Spinner, (b) Cotton mill; (a) Salesman. should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an cases, especially in industrial employments, it is neces-Civil engineer, Stationary freman, etc. But in many tl : first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of Statement of Occupation-Precise statement of octired 6 yrs. business, that fact may be indicated thus; Farmer (Text or given up on account of the DISEASE CAUSING DRATH, state occupation at beginning of illness. If retired from giged in domestic service for wages, as Scream Cook, definite salary), may be entered as Housewild House-work, or At Home, and children, not gainfully em-ployed, as At school, or At home. Care should be taken household only (not paid Housekeepers who proserve a laborer, Furm laborer, Laborer--('oul mine, ctc. Wom-en at home, who are engaged in the duties of the worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Physician, whatever, write None. to report specifically the occupations of persons en-Housemuid, etc. If the occupation has been changed Foreman, For many occupations a single word or term on Compositor, For persons who have no occupation (b) Automobile factory. The material Architect, Locomotive engineer, (b) Grocery;

Statement of Cause of Death—Name, first, the DISEALE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphilheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia,"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

Recommendations on statement of cause of Nomenclature American Medical Association.) "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," telanus) may be stated under the head of "contributory." darbolic acid-probably suicide. The nature of the injury, and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, taken. FOR VIOLENT DEATHS state MEANS OF INJULY State cause for which surgical operation was under-"PUERPERAL septicuemia," "PUERPERAL peritonitis," etc. diseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all "Uraemia," "Weakness," etc., when a definite disease "Inanition, tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopncumonia (secondary), stited unless important. Example: Measles (disease Chronic interstitial nephritis, use of "Tumor" for malignant neoplasms); inges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of (name origin; "Cancer" is less definite; avoid unqualified, is indefinite); Tuberculosis of lungs, menor as probably such, if impossible to determine definitely. (secondary or intercurrent) affection need not be Whooping cough; Examples: Accidental drowning; Struck by railway trainaccident; Revolver wound of head-homicide; Poisoned by fracture of skull, and consequences (e g., sepsis, "Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condi " "Marasmus," "Old Age, Chronic etc. valvular heart disease; The contributory " Shock," Measles ;

answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

instructions

important

very

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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11.—The number of years the deceased followed the occupation.

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Example I		Example II		
The principal cause of death and related causes of importance were as follows: Arterioselerosis RECEIVED	Date of onset	The principal cause of death and related causes of importance were as follows: Attack of epilepsy	Date of onset 1 week ago	
Chronie interstitial apphritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage AUG 5 1935	July 5,1927	Peritonitis	3 days ago	
BUREAU V. S.				
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

ADDITIONAL SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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STATE OF MAR	YLAND-	CERTIFICATE OF DEATH 07445
1. PLACE OF DEATH		160:3
County Ballemone	······································	Registration Dist. No. L
Village or City Standard	- Kola	dt., Ward f death occurred in a hospital or institution, give its NAME instead of street and number)
Length of rasidence in city or town where death occurred	yrs,mos	ds. How long In U.S. if of foreign birth?
2. FULL NAME formes to	rank	lin Brown
(a) Residence: No.		St., Ward.
(Usual place PERSONAL AND STATISTICAL PART		If nonresident give city or town and State MEDICAL CERTIFICATE OF DEATH
	RIED WINGWED.	21. DATE OF DEATH
	D (write the word)	(Month) (Day) 6 , 193 5 (Year)
5a. If married, widowed, or divorced HUSBAND of		22. A HEREBY CERTIFY. That bettended deceased from
(or) WIFE of		122. HEREBY CERTIFY That bettended deceased from
6. DATE OF BIRTH (month, day, and year) Inly	2, - 6935	Mast saw has alive on 1.6. 1925; death is said
7. AGE Years Months Days	If LESS than	to have occurred on the data stated above, at 57 P m.
5	1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance
8. Trade, profession, or particular	7 A	were as follows: Date of onest Hermonyl Date of onest
kind of work dona, as SPINNER, SAWYER, BOOKKEEPER, atc.	ant	Du
kind of work dona, as SPINNER, SAWYER, BOOKKEEPER, atc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, atc. 10. Data decaased last worked at this occupation (month and		to injury at birth. Color
SAW MILL, BANK, atc	time (veers)	-
and decapation (months and	time (years) ent in this upation	
GLØ /	2 8 4	Other Contributory Causes of importance:
12. BIRTHPLACE (city or town) (State or country)	con my	Nove
	- 1	
THE CONTRACTOR	mid	
14. BIRTHPLACE (city or town) 12. (Stata or country) 12.	D	Name of operation Data of What test confirmed diagnosis? Alexander Was there an autopsy?
15. MAIDEN NAME MARY ER. Letation	Gay.	23. If death was due to external causes (VIOLENCE) fill in also the following:
15. MAIDEN NAME Mary Eller Letter 16. BIRTHPLACE (city or town) SRO	Ro Dane	Accident, suicida, or homicide?
(State or country)	ned	Whera did injury occur?
17. INFORMANT Mary Ellen Letitia	4.00	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
(Address) Ro Law	~d	
18. BURIAL, CREMATION, OR REMOVAL		Manner of injury
PlaceDate_7/ (7, 1935	Nature of injury
19. UNDERTAKER 200 Employ	ed	24. Was disease or injury in any way related to occupation of deceased?
20, FILED MILY 7, 193 J Ja Sm	ie Her	(Signed) 3 Al Drumban & M. D
	Registrar.	(Address) Ellinge ma
If more blanks are needed,	address State Registrar,	, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Ex	ample I		Example II	
The principal cause of dear of importance were as follo	h and related causes ws:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis		1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	AUG 2 1935	1921	Run over by street car	1 week ago
Cerebral hemorrhage		July 5, 1927	Peritonitis	3 days ago
	BUREAU V.	5.		
Other contributory causes	of importance:		Other contributory causes of importance:	
Gallstones		May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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3

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Example I		Example II	
The principal cause of death and related causes of importance were as follows:		The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis CFP 4 1935	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage BUREAU V. S.	July 5, 1927	Peritonitis	.3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

V. S. No. 1

	. PLACE OF			F MAR	YLAND-	CERTIFICATE C	OF DEATH	7447
	County		timore	_		(53-2)	Registration Dist. No. 3	6
	Village or Ci					No W-Bellone		Ward
		,	ty or town where de	noth conversed	12	No. W.Bellona death occurred in a hospital or institutionds. How long in U.S. if of	on, give its NAME instead of street and	l number)
,			rnelia				Totelgh bitth?yrs	mosas.
			W. Bel			St., Ward.		
The same				(Usual place	of abode)	walu.	If nonresident give city or town an	nd State
PERSONAL AND STATISTICAL PARTICULARS							RTIFICATE OF DEATH	
3. 3	SEX		R OR RACE	OR DIVORCE	RIED, WIDOWED, (write the word)	21. DATE OF DEATH	July 17 .193	5
_	female If married, widowe		white	wie	lowed		(Month) (Day)	(Year)
50.	HUSBAND of					22. ALLHEREBY	CERTIFY, That I attended	d deceased from
-	<u>F</u> (awar.	d M. Bu			april 15	1035 to July 16	, 1935
			y, and year) Ju	1		I last saw her alive on g	rely 16. 1 ,1935	; death is said
7. /		S	Months	Days	If LESS than 1 day, hrs.	to have occurred on the date stated The PRINCIPAL CAUSE OF DEATH		
-	77		0	27	ormin.	were as follows:	and related causes of importance	Date of onset
NO	8. Trade, profess kind of we SAWYER	sion, or pa ork done, ROOKKEE	as SPINNER, PER, etc	retire	he	List to Dr.	las an a	Illasol 3
OCCUPATION	9. Industry or b	usiness in				Primary in lymph	glands of left sailla	
no	SAW MILL	, BANK,	etc			Duration :	our months c. a	A
ö	this occup	ation (moi	nth and		me (years) t in this pation			
			No. 37.00		pation	Other Contributory Causes of import	tance:	
12.	(State or count		New Yor	CK				
ER	13. NAME	Nath	aniel Ma	nning		3		
FATHER			wn)	77.	1.	Name of operation Fland res	word from apilla	This MIS
!	(State or		,,,,			What test confirmed diagnosis?	au A Flaud. Was there an	autopsy? LLD.
MOTHER	15. MAIDEN NAM	IE M	ary Chas	3e		23. If death was due to external cause	es (VIOL ENCE) fill in also the followin	
TOT			wn)	N.	.Y.	Accident, suicide, or homicide?	Date of Injury	, 19
	(State or					Where did injury occur?	(Specify city or Iown, county and Sta	ate)
17.	INFORMANT _ E_ (Address)		uravker Bellor			Specify whether injury occurred in I	INDUSTRY, in HOME, or In PUBLIC PI	LACE.
18.	BURIAL, CREMATI	ON, OR R	EMOVAL			Manner of injury		
	Place Dru	id R	1dge	DateJul;	19.1935	Nature of injury		
19.	UNDERTAKER	Jo	hn O Mit	chell 8	& Sons	24. Was disease or injury in any way	related to occupation of deceased?	w
19. UNDERTAKER John O. Mitchell & Sons (Address) 1900 Eutaw Place						If so, specify	1 01.00 A	2. /

(Address)

Registrar.

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Example I	i	Example II	
The principal cause of death and related causes of importance were as follows: Arteriosclerosis	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis REUE	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
BUREAU V. S.	2		
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis •	1 year

ADDITIONAL SPAC	E FOR	FURTHER	STATEMENTS	\mathbf{BY}	PHYSICIAN

5-24.54

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Bucher

5

	STATE C	OF MARY	LAND-	CERTIFICATE	OF DEA	TH 07	448
1. PLACE OF	DEATH			59			
County B	altimore	**************			Registration	Dist. No.	
Village or City	Larchmo	ont, Wood	llawn	No. 2401 Popla	r Drive	St.,	Ward
Length of residen	ce in city or town where	deeth occurred	(I) yrsmos	s	f foreign birth?	E instead of street an	d number) .mosds.
2. FULL NAM	E Willia	m Albert	Busch				
(a) Residence:	No. 2401 Po	plar Dri	ve. Laro	chmont Ward.	If nonresident	give eily or town a	nd State
PERSONA	AND STATIST	ICAL PARTIC	CULARS	MEDICAL CE	ERTIFICATE	OF DEATH	
Male 4	OP DIVORCED (comits the word)				July (Month)	21,	, 193 5 •
5e. If married, widowed, HUSBAND of (or) WIFE of	or divorced			22. I HEREBY		Y That attende	ed deceased from
				,	19.29 to	Jeely 2	19.35
6. DATE OF BIRTH (mo	nth, day, end yeer) N	farch 31,		I last saw h_ alive on	fugo	450 ,1935	; death is said
7. AGE Years	Months	Days	If LESS than I day,hrs.	to have occurred on the date states	U	m.	
5:		20	ormin.	The PRINCIPAL CAUSE OF DEAT were es follows:	H and related caus	es of Importance	Date of onset
9. Industry or bus	n, or particular k done, as SPINNER, OKKEEPER, etc iness in which ne, as SILK MILL,	Salesman	1	Dialris			1929.
SAW MILL, D. Date deceased I	BANK, etc	1					
	on (month and	II. Total tir	ne (yeers) tin this pation				
12. BIRTHPLACE (city o (State or country	town) Bal	timore,	id.	Other Contributory Causes of impo	rtance:		
置 I3. NAME W1	lliam H. B						
13. NAME W1. 14. BIRTHPLACE (ci (State or cot)	ty or town)	altimore	Md.	Name of operation			
15. MAIOEN NAME	Louise R	Seinel		23. If death was due to external ceus			
15. MAIOEN NAME 16. BIRTHPLACE (ci (State or co	ty or town)B	altimore		Accident, suicide, or homicide?			
17. INFORMANT LO	ouise R. P 101 Poplar	usch (Mc	ther)	Specify whether injury occurred in	(Specify eity or INDUSTRY, in HD	town, county and Si ME, or in PUBLIC F	ete) PLACE,
18. BURIAL, CREMATION	I, OR REMOVAL			Manner of Injury			
Place_LQU	lon Park	Date_July	24,,1935.	Nature of injury *			
19. UNDERTAKER(Address)	John 3	Allenn Dight M	4	24. Was disease or injury in any we	ey related to occupa	ation of deceased?	No
20. FILED why.	4-, 135-00)	n Duf	Registrar.	(Signed) (Address) 12	= 5. B	alof.	M. D.
U	If more	blanks are needed, ac	ldress State Registrar,	2411 N. Charles Street, Baltimore, Req	questing V. S. No.	I.	

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the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

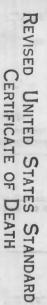
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Arteriosclerosis	1915	Attack of epile	BUREAU V. D. A.	1 week ago
Chronic interstitial nephritis	1921	Run over by str		1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	SERT 9 DAY	3 days ago
			BECEINED	
Other contributory causes of importance:		Other contribu	itory causes of importance:	+
Gallstones	May 1,1923	Gastroenteritis		1 year

BLACE OF DEAT STATE OF MARYLA CERTIFICATE OF DEATH Registration Dist. No. 6 (If death occurred in a hospital or institution, give its NAME it number.) PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 4 COLOR OR RACE 3 SEX 16 DATE OF DEATH MARRIED. WIDOWED OR DIVORCED (Write the word) (Month) (Year). I HEREBY CERTIFY. That Mattended the deceased from 8 DATE OF BIRTH (Month) (Day) (Year) IIf LESS than 7 AGE and that death occurred on the date I day hrs. The CAUSE OF DEATH ds. or min.? B OCCUPATION (a) Trade, profession or particular kind of work (b) General nature of industry business, or establishment in (Duration) yrs. mos. which employed or (employer) Contributory 9 BIRTHPLACE Secondary (State or country) (Duration) ____yrs. 4 _____ds, 10 NAME OF (Sign d). FATHER 1/ 1925 (Address) 11 BIRTHPLACE OF FATHER tate the Disease Causing Death, or, in violed Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal. (State or country) RE 12 MAIDEN NAME 18 LENGTH OF RESIDENCE, (For Hospitals, Institutions, Trans-OF MOTHER ients or Recent Residents) 13 BIRTHPLACE In the At place OF MOTHER of death yrs mos ds. (State or Country) Where was disesse contracted, TRUE TO THE BEST OF MY KNOWLEDGE if not at place of dea.h?.... Former or usual residence (Informant) Registrar If more bianks are needed, address State Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

V. S. No. 1



(Approved by U. S. Census and American Public Health Association.)

additional line is provided for the latter statement; it fulness of various pursuits can be known. The queswhatever, write None. business, that fact may be indicated thus; Farmer (restate occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH. Housemaid, etc. If the occupation has been changed gaged in domestic service for wages, as Servant, Cook, ployed, as At school, or At home. Care should be taken to report specifically the occupations of persons en work, or At Home, and children, not gainfully omhousehold only (not paid Housekeepers who receive a definite salary), may be entered as Housewife, Houseen at home, who are engaged in the duties of the er," etc., Never return "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement. Spinner, (b) Cotton mill; (a) Salesman, should be used only when needed. As examples: (a) nature of the business or industry, and therefore an sary to know cases, especially in industrial employments, it is neces-Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e. g., Farmer or Planter, Physician, Compositor, Architect, Locomotive engineer, tion applies to cach and every person, irrespective of cupation is very important, so that the relative health-Statement of Occupation-Precise statement of oc-Foreman, (b) Automobile factory. The material For many occupations a single word or term on yrs). Farm laborer, Laborer-Coal mine, etc. Womwithout more precise specification as Day For persons who have no occupation (a) the kind of work and also (b) the (6) Grocery,

Statement of Cause of Death—Name, first, the DISLEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted ed term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

accident; Revolver wound of head—homicide; Poisoned by carbolic acid—probably suicide. The nature of the injury, as fracture of skull, and consequences (e.g., sepsis, "PUERPERAL septicaemia," "PUERPERAL peritonitis," "Debility" ("Congenital," "Senile," etc.), "Dropsy, "Exhaustion," "Heart failure," "Haemorrhage, (secondary or intercurrent) affection need not be stated unless important. Example: Measles (disease inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of (name origin; "Cancer" is loss definite; avoid approved by Committee on Nomenclature of the can be ascertained as the cause. Always qualify all "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease causing death), 29 ds.; Bronchopneumonia (secondary), Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis, etc. The contributory use of "Tumor" for malignant neoplasms); Measles; Examples: Accidental drowning; Struck by railway trainof as probably such, if impossible to determine definitely and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, State cause for which surgical operation was under-10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomunqualified, is indefinite); Tuberculosis of lungs, men-American Medical Association.) taken. For violent deaths state means of injuny is) may be stated under the head of "contributory." "Atrophy," "Collapse," "Coma," "Convulsions,

If this certificate is looked over thoroughly and all questions are read in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

ST	ATE O	F MAR	LAND-	CERTIFICATE OF DEATH	07450
1. PLACE OF DEATH				(82-0)	2
County Baltimo	re		_ = = = = = = = = = = = = = = = = = = =	Registration Dist. No	0
Village or City Cato	nsvill	e		No Frederick Ave. & Wyndcres	to, Rd Ward
			7 (If	death occurred in a hospital or institution, give its NAME instead of st. ds. How long In U.S. if of foreign birth? yrs.	reet and number) mos
				. as. non long in olden of lotoign street.	
.2. FULL NAME				- W 1	
(a) Residence: No re	gerick	(Usual place	viynacres	St., Ward.	town and State
PERSONAL AND	STATISTIC	CAL PARTI	CULARS	MEDICAL CERTIFICATE OF DE	ATH
3. SEX 4. COLOR Wait			RIED, WIDOWED, O (write the word) O W	21. DATE OF DEATH (Month) / 2 (Day)	, 193 5 (Year)
5a. If married, widowed, or divorce HUSBAND of			•	V V	alled desert from
	bert H	.Callow		July 7 1935 to July	12 19 35
				0.101	19 37: death is said
7. AGE Years	Months	Days	If LESS than	to have occurred on the date stated above, at 8	
63	6	12	1 day, hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importa wera as follows:	
8 Trade profession or parti				wera as ronows.	Date of onset
8. Trade, profession, or particular kind of work dona, as SAWYER, BOOKKEEPE	SPINNER, HO	use Wif	e	Cerebral Hemorrhage	July 7
Qualindustry or husiness in w	hich				1430
work was dona, as SIL SAW MILL, BANK, etc.		11. Total ti	ma (vears)	-	
this occupation (month	and	sper	nt in this		
			-	Other Coutributory Causes of importance:	7.8
12. BIRTHPLACE (city or town) (State or country) LO1	idon Co	. Virgin	ia	arricho minarie	
	H. Tave				
14. BIRTHPLACE (city or town				Name of operation	Date of
14. BIRTHPLACE (city or town (State or country)	Virgin	ia		0/61	there an autopsy?
15. MAIDEN NAME	ie Bak			23. If death was due to external causes (VIOLENCE) fill in also the	following:
16 BIDTUBLACE (eity or town				Accident, suicide, or homicide? Date of injur	y, 19
(State or country)	LauMal	Marylan	d	Where did injury occur?	J C
17. INFORMANT Albert H. Callow G. (Address) Frederick Ave. & Wyndcrest Rd			crest Rd	(Specify city or town, count Specify whether injury occurred in INDUSTRY, In HOME, or in Pt	UBLIC PLACE,
18. BURIAL, CREMATION, OR RET		7.4	- 3E #F	Manner of injury	
Place Loudon	ark	Data JUJ	y 15,19 35	Nature of injury.	
19. UNDERTAKER 2700]	Edmonds	on Ave,	5	24. Was disease or injury in any way related to occupation of dece	eased?
20. FILED	A	Ance	luae 1 Registrar	(Signed) Rabert Bruce 16	Red M.

If more blanks are yeded, address State Registrar, 2411 N. Charles Street, Baltimore, Registring U. S. No. 1. Well

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10 .- The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish earefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as earpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory eauses of importance, name other important diseases or injuries. Examples:

Example 1		Example II	
The principal eause of death and related causes of importance were as follows:	Date of onse	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Mack of epilepsy	1 week ago
Chronic interstitial nephritis	9221	Ran over by street car	1 week ago
Cerebral hemorrhage	July 7,1927	L'yrit mitis	3 days ago
	47 82	4	
Other contributory causes of importance:	18	Other top fibutory eauses of importance:	
Gallstones	May 1, 1928	Gastreenteritis	1 year
	1		

Gallstones

May 1, 1923

Gastrenteritis

1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

,

V. S. No. 1

20. FILED July 2 , 193

STATE OF MARYLAND	CERTIFICATE OF DEATH 07/51
1. PLACE OF BEATH	OPERITOR OF BEATH 1/451
County Blektonians	Posistration Diet No. (/ (/
	Registration Dist. No. 4
	NOSt.,Ward f death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurred	
2. FULL NAME / Worden	Garson.
(a) Residence: No. Stewmens Veur	CSt., Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS 3. SEX	MEDICAL CERTIFICATE OF DEATH
OR DIVORCED (write the word)	Library 6
5a. If married widowed or divorced .	(Month) (Day) (Year)
5a. If married, widowed or divorced HUSBAND of Married Mr. Carson (or) WIFE of	22. I HEREBY CERTIFY That attended deceased from
	april 135 10 July 6 , 1935
6. DATE OF BIRTH (month, day, and year) 200. 30 1864	I last saw h dam alive on ruly 6, 19.3.5; death Is said
7. AGE Years Months Days If LESS than 1 dayhrs.	to have occurred on the date stated above, at 3 Pm.
/ / O ormin.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
8. Trada, profession, or particular kind of work done, as SPINNER,	Colonary floromboses motant
kind of work done, as SPINNER, Clerk SAWYER, BOOKKEEPER, etc. Simulatry or business in which work was done as SIIK MILI	A
DIA CAW MILL BANK ata	
O To Data deceased last worked at this occupation (month and pant in this	
year) occupation	Other Contributory Causes of importance:
12. BIRTHPLACE (city or town)	arteroseferoto Cardio 6 uns
(State or country)	vascula disease
I 13. NAME James Caraba	
14. BIRTHPLACE (city or town) - Vyknow	Name of operationDate of
(State of country) whereand	What test confirmed diagnosis? Was there an au'opsy?
15. MAIDEN NAME Ellen Prelson 16. BIRTHPLACE (city or town) Various graves	23. If death was dua to external causes (VIOLENCE) fill in also the following:
O 16. BIRTHPLACE (city or town)	Accident, suicide, or homicide?
G. C.	Whera did injury occur? (Specify city or town, county and State)
17. INFORMANT MARIA M. GISTY (Address) Stemmer & Property	Specify whether Injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Commonstutg la. Date fully 5, 1935	Nature of injury
19. UNDERTAKER CHEROLE CONSTRUCTION	24. Was disease or jump to any May related to occupation of deceased?
(Address) 7401 Blair Road	If so, specify
25 Share & Co. 100	(Signed) Rosedule / M. D.

(Address)

Registran

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example 1		Example 11	22.00
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
BURLAU V. S.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

3

(Year)

Date of onset

June

1934

Un-

known

If more blanks are needed, address State Registrat, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Example I,	1	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
			-
Other contributory causes of importance:		Other contributory causes of importance	À.L
Gallstones	May 1,1923	Gastroenteritis	Liger
		12 7	27
		190	23

MARGIN RESERVED FOR BINDING

V. S. No. 1

STATE OF MARYLAND—CERTIFICATE OF DEATH	74	-		2 7	1))	2 77	-		1	4	6		,	,	9	9	9.	9	9	0	0		9	9.	2	2.4	4	94	1		1	^	(1	-	ļ		Ţ	٦	1	4	Δ	1	-	-	E)]			-	-	F	F)))))))))))))))))))))))))))))))))))))))))))			-							I	I			I	I	I	I	I	I	I		I
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1. PLACE OF DEATH			940	, , , , ,
County Baltimore			Registration Dist. No	32
Village or City_Chattalonee Length of residence in city or town where		O vrs mos	Outaida	St., Ward
2. FULL NAME Martha C.				
(a) Residence: No. Chattalor	(Usual place	of abode)	St., Ward. If nonresident give city or to	
PERSONAL AND STATIST	ICAL PARTI	CULARS	MEDICAL CERTIFICATE OF DEA	ATH
3. SEX 4. COLOR OR RACE White		RIED, WIDOWED, D (write the word)	21. DATE OF DEATH July 14	, 193 5
5a. If married, widowed, or divorced			(Month) (Day)	(Year) . '
HUSBAND of (or) WIFE of Spencer Corl	oin		22. I HEREBY CERTIFY, That I a	ttended deceased from
6. DATE OF BIRTH (month, day, and year) ?		1865	last saw her elive on July 10	19.35 ; death is said
7. AGE Years Months About 70 yrs.	Days	If LESS than 1 day,hrs.	to have occurred on the date stated above, et 10 A.m. The PRINCIPAL CAUSE OF DEATH and releted causes of importen	. ,
	1	ormin.	were as follows: Angina Pectoris	Date of onset Sudder
8. Trade, profession, or particular kind of work done, es SPINNER, SAWYER, BOOKKEEPER, etc	Housewor	k	Angina Pectoris	Sudden
kind of work done, es SPINNER, SAWYER, BOOKKEEPER, etc				
10. Date deceased last worked at this occupation (month and year)	spa	ime (years) nt in this upation		
12. BIRTHPLACE (city or town) Culpepe			Other Contributory Causes of importance: Arterial hypertension	?
(State or country) Virgini	La		Myocarditis	4 yrs.
13. NAME Immanuel Bell 14. BIRTHPLACE (city or town)			Cerebral hemorrhage	4 yrs.
14. BIRTHPLACE (city or town)			Name of operationNoneD	
(State of country) VII'S	inia		What test confirmed diegnosis? Clinical Was the	here en autopsy?No
15. MAIDEN NAME Unknown			23. If deeth was due to external causes (VIOLENCE) fill in also the	following:
15. MAIDEN NAME Unknown 16. BIRTHPLACE (city or town) Unl	known		Accident, suicide, or homicide? Date of Injury	,, 19
∑ (State or country)			Where did Injury occur?	
17. INFORMANT Alex Su (Address)	reth	had	(Specify city or town, county Specify whether injury occurred In INDUSTRY, In HOME, or In PUI	and State) BLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL Place M. A. Lange Cerrie	Ty Dete Jul	2 16 1935	Manner of injury	
30000011	148	Alle	24. Was disease or injury in the was elated to occupation of decea	
19. UNDERTAKER Succession P	Hel A	er Ballo	If so, specify	ised!
20, FILED July 15, 19 35	Dr. F F	Wa - 1	(Signed) O O O	M. D.
ZU, FILED	Dr. E. E.	Registrar.	(Address) Pikesville, Md.	

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

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Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis RECEIVER	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage AUG 2 1905	July 5, 1927	Peritonitis	3 days ago
BUREAU V S	11		
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPAC	E FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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on

important.

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Chronie interstitial nephritis	1921	Run over by street car	week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

STATE OF MARYLAND—CERTIFICATE OF DE	ATH
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07455

1. PLACE OF DEATH	/	82-0	
County Galto	mest a	Registration Dist. No.	35
Village or City White	Hall R.D.	No. Si	t.,Ward
Length of residence in city-or-town wher		f death occurred in a hospital or institution, give its NAME instead of stree sds. How long in U.S. if of foreign birth?yrs	
(Wt	666	The state of the s	
2. FULL NAME Jaly	71-00 0	and the same of th	
(a) Residence: No.	(Usual place of abode)	St., Ward. If nonresident give city or tow	yn and State
PERSONAL AND STATIS		MEDICAL CERTIFICATE OF DEAT	
3. SEX 4. COLOR OR RACE White	5. SINGLE, MARRIED, WIDOWEO, OR DIVORCED (write the word)	21. DATE OF DEATH July 7	, 1935
5a. If married, widowed, or divorced HUSBANO of	. /		(Year)
(or) WIFE of		22. I HEREBY CERTIFY That I atte	ended deceased from
6. DATE OF BIRTH (month, day, and year)	Jan. 16th/866	1 law saw have alive on Suly 19	25 : death is said
7. AGE Years Months	Oays If LESS than	to have occurred on the date stated above, at 4,000 alm.	
69 05	2/ 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	
8. Trade, profession, or particular	X 1	were as follows.	Oate of onset
kind of work done, as SPINNER, G SAWYER, BOOKKEEPER, etc.	valorer.	- Grebral Hemorrhay	Re
9. Industry or business in which work was done, as SILK MILL,	tares	45	
SAW MILL, BANK, etc	11. Total time (years)		
this occupation (month and year)	spent in this 50%		
12. BIRTHPLACE (city or town)	ello Co.	Other Contributory Causes of importance:	
(State or country)	, red.	arteria- Acherosia.	
13. NAME	laon		
14. BIRTHPLACE (city or town)		Name of operation Oat	e of
(State of country)	1	What test confirmed diagnosis? Was ther	re an autopsy?
15. MAIOEN NAME	Muow	23. If death was due to external causes (VIOL ENCE) fill in also the fol	llowing:
15. MAIOEN NAME		Accident, suicide, or homicide? Date of injury	, 19
(State or country)	70	Where did injury occur?	
17. INFORMANT MASE Surf. (Address)	te Hall md.	(Specify city or town, county an Specify whether injury occurred in INDUSTRY, in HOME, or in PUBL	IC PLACE.
18. BHRIAL, CREMATION, OR REMOVAL	tores Quel all -	Manner of injury	***************************************
Gullotte Mark	0a/c ,193 \	Nature of injury	
19. UNOERTAKER Paul	M. Harteuster	24. Was disease or injury in any way related to occupation of decease	d? no
(Address) New	Freedow Ja	If so, specify	
20. FILED July 7= 19.35.	herly I full	(Signed) A Gagle:	M. D
0 0	Registrar.	(Address) - New to see	Low Pas

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

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In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

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Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

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Example I	1	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis.	1921	Run over by street car	1 week ago
Cerebral hemorrhage	uly 5,1927	Perilonitis	3 days ago
Other contributory causes of importance: Gallstones	May 1,1923	Other contributory causes of importance: Gastroenteritis	1 year

ADDITIONAL SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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Registrar.

address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

BINDING

RESERVED

STATE OF MARYLAND—CERTIFICATE OF DEATH

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10.-The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

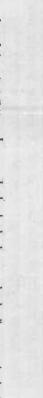
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Example I		Example II	
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Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis ECEIVED	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
VALC 3 1852			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year



S. No. 1

OCCUPA.

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 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

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Example I	4	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis DECE	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis - 1996	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
BUREAU V. S.		•	
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER ST	FATEMENTS BY	PHYSICIAN
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1

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

BINDING

RESERVED

MARGIN

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Example I		Example II	
The principal cause of death and related caus of importance were as follows: Arteriosclerosis	Bate of onset	The principal cause of death and related causes of importance were as follows: Attack of epilepsy	Date of onset
Chronic interstitial nephritis 5 1935	1921	Run over by street car	1 week ago
Cerebral hemorrhage AUG 2	July 5, 1927	Perilonilis	3 days ago
BUREAU V.		1	
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

2

BINDING

MARGIN RESERVED

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Example I		Example II	6
The principal cause of death and related causes of importance were as follows: Arteriosclerosis	Date of onset	The principal cause of death and related causes of importance were as follows: Attack of epilepsy	Date of onset 1 week ago
Chronic interstitial nephritis Cerebral hemorrhage	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance: Gallstones	May 1,1923	Other contributory causes of importance: Gastroenteritis	1 year

Other contributory causes of importance:

Gallstones

May 1,1923

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

	County ORATH	mon	7	Registration Dist. No.	4
	Village or City Length of residence in city or town where d	nesta	in (I	No. 3 7 St., f death occurred in a hospital or institution, give its NAME instead of street and nur	War
2	2. FULL NAME Still 1	m u	if and	ds. How long In U.S. if of foreign birth?yrsmos.	d
atre	(a) Residence: No 2 @ /	(Usual place		St., Ward. If nonresident give city or town and St	iate
	PERSONAL AND STATISTI			MEDICAL CERTIFICATE OF DEATH	
3.	Male White	5. SINGLE, MARI	RIED, WIDOWED, O (write tha word)	21. DATE OF DEATH July 29th (Month) (Day)	1935
5a.	If marriad, widowad, or divorcad HUSBAND of		/		(Year)
	(or) WIFE of		-1	22. I HEREBY CERTIFY, That I attended da	caasad fro
	DATE OF BIRTH (month, day, and year)	cly 2	9 1935		., 19 daath is sai
7. /	AGE Yaars Months	Days	1 day, hrs.	to have occurred on the date stated above, atm. The PRINCIPAL CAUSE OF DEATH end related causes of importance were as follows:	
TION	8. Trade, profassion, or particular kind of work dona, as SPINNER, SAWYER, BOOKKEEPER, atc.			Iteli from sufact	Date of onse
UPA	9 Industry or businass in which work was dona, as SILK MILL, SAW MILL, BANK, etc			0_1/_	
000	10. Date dacaased lest worked at this occupation (month and year)		me (years) t i n this pation	The most	
12.	BIRTHPLACE (city or town)	ousto	ent	Other Coutributary Causes of Importence:	
ER	(State or country) 13. NAME N plton MCK	Ester		Grematura	
FATH	14. BIRTHPLACE (city or town) (State or country)	~		Name of operation Date of	
HER	15. MAIDEN NAME IN Sie	. Dai	cher	What test confirmed diagnosis? Was there are euto)psy?
MOTH	16. BIRTHPLACE (city or town)(Stete or country)	Va	8	23. If daath was due to axternal causes (VIOL ENCE) fill in also tha following: Accident, sulcide, or homicide? Data of injury	., 19
17.	INFORMANT A See A. (Addrass) A and	Oste	2	Where did injury occur?(Specify city or town, county and State) Spacify whather injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE	
18.	BURIAL, CREMATION, OR REMOVAL	beto pris	NS 19	Mennar of injury	
19.	UNDERTAKER Uctomical &	alera	ton	Natura of injury	
20.	FILED LELY 30, 1935 / /	Welm	Registrar.	(Signed) (Address) Asarvawo one	/M. [

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1	Example II	
Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
1915	Attack of epilepsy	1 week ago
1921	Run over by street car	1 week ago
July 5, 1927	Peritonitis	3 days ago
	Other contributory causes of importance:	
May 1,1923	Gastroenteritis	1 year
	1915 1921 July 5,1927	Date of onset The principal cause of death and related causes of importance were as follows: Attack of epilepsy 1921 Run over by street car Puly 5,1927 Peritonitis Other contributory causes of importance:

STATE OF MARYLAND—CERTIFICATE OF DEATH 074	STATE O	F MARYLAND-	-CERTIFICATE	OF	DEATH	0746
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1. PLACE OF DEATH	(31)
County Ballmore.	Registration Dist. No.
Village or City Suthervalle	NoSt.,Ward
	If death occurred in a horpital or institution, give its NAME instead of street and number) osds. How long in U.S. if of foreign birth?yrsmosds
Length of residence in city or town where death occurred	
2. FULL NAME GEO W. Curens you	If U.S. Veteran specify WAR
(a) Residence: No. Suthewells!	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED,	21. DATE OF DEATH
OR DIVORCED (runite the word)	July 8 193 5
e. If merried, widowed, or divorced	(Month) (Dey) (Year)
HUSBAND of Cor) WIFE of Edna C Evans	22. I HEREBY CERTIFY. That I atlended deceased from
Contra C Courts	July , 1932, to July 8 , 1933
DATE OF BIRTH (month, day, and year) Caul 4, 1878	I lest saw h alive on
AGE Years Months Days If LESS than	to heve occurred on the dete stated above, at2Pm.
5-7 3 4 1 day,hr	The PRINCIPAL CAUSE OF DEATH and related ceuses of Importance were as follows:
8 Trade profession or particular	Hypertension 1931
sawyer, BOOKKEEPER, etc. Real Satute	- Chronic my resolités 1934
kind of work done, as SPINNER, SAWYER, BOOKKEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Date deceased last worked at this occupation (month and specific programs).	chr, interstitio nephritis 193:
10. Date deceased last worked at this occupation (month and year)	
BALL	Other Contributory Canoes of Importance:
2. BIRTHPLACE (city or town)	***
15. HAME	
13. NAME 14. BIRTHPLACE (city or town) (State or country) 13. NAME 14. BIRTHPLACE (city or town) (State or country)	
A	What test confirmed diegnosis? Was there an autopsy?
15. MAIDEN NAME Charlotte a Course 16. BIRTHPLACE (city or town) Balto-Co-1	23. If death was due to external causes (VIOLENCE) fill In also the following:
16. BIRTHPLACE (city or town)	Accident, suicide, or homicide?
(State or country)	Where dld injury occur? (Specify city or town, county and State)
(Address)	Specify whether injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Place Cochegarable Date Yesly 10, 19 3	Nature of Injury
19. UNDERTAKER W. C. Bereley & Ser. (Address)	24. Was disease or Injury In any way related to occupation of deceased?
Will a min spares my	(Signed) Clewell Howell M.
20. FILED 1975 1975 William J. Children Registrar.	(Address) Town Med

V. S. No. 1

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Example I		Example II		
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Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage BUREAU V. S.	July 5,1927	Peritonitis	3 days ago	
Other contributory causes of importance: Gallstones	May 1,1923	Other contributory causes of importance: Gastroenteritis	1 year	
			1 year	

If more bland an needed address segte Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

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Example I	i i	Example II	
The principal cause of death and related causes of importance were as follows: Arteriosclerosis	Date of onset	The principal cause of death and related causes of importance were as follows: Attack of cpilepsy	Date of onset
Combinal homographics	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
BUREAU V. S.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

BINDING FOR MARGIN RESERVED

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Date of onset

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10.-The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

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In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

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Exam	ple I	1	Example II	
The principal cause of death a of importance were as follows	nd related causes	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	7 1935	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	VAR 1 TOO.	1991	Run over by street car	1 week ago
Cerebral hemorrhage	FUREAU V.	July 5 1927	Peritonitis	3 days ago
Other contributory causes of i	mportance:		Other contributory causes of importance:	
Gallstones		May 1,1923	Gastroenteritis	1 year

STATE OF MARYLAND-CERTIFICATE OF DEATH OCCUPA-1. PLACE OF DEATH Registration Dist. No. (If death occurred in a horpita) or institution, give its NAME instead of street and number How long in U.S. if of foreign birth?____yrs. mos. Length of residence in city or fown where death occurred If nonresident give city of town and State (Usual place of abode) MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS 21. DATE OF DEATH S. SINGLE, MARRIED, WIDOWED, 4. COLOR OR RACE 3. SEX OR DIVORCED (write the word) (Year) (Month) (Day) 5a. If marriad, widowed, or divorced HUSBAND of (or) WIFE of CERTIEY. That I affended deceased from 6. DATE OF BIRTH (month, day, and year) certificate. to have occurred on the date stated above, at ... If LESS than Days Months 7. AGE properl The PRINCIPAL CAUSE OF DEATH and related causes of Importance 1 day .---- hrs. Date of enset min. Trade, profession, or particular kind of work done, as SPINNER SAWYER, BOOKKEEPER, etc. Jo Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc._____ may 11. Total fima (years) 10. Date deceased last worked at on spent in this this occupation (month and occupation _ that Other Contributory Causes of importanca: instructions 12. BIRTHPLACE (city or fowr (State or country) FATHER See 14. BIRTHPLACE (city or town) plain (Stata or country) carefully 23. If death was due to external causes (VIOL TICE) fill in also the following: MOTHER 15. MAIDEN NAME important. Ë Date of injury....., 19..... Accidant, suicide, or homicide? 16. BIRTHPLACE (city or fown) CAUSE OF DEATH Whera did Injury occur? (Stafe or country) (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, In HOME, or In PUBLIC PLACE. (Address) 18. BURIAL, GREMATION, OR REMOVAL Manner of injury Nature of injury. TION 19. UNDERTAKER If so, specify (Address) (Address) Registrar. If more blank arenecad, address Signe Registras, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

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BINDING

RESERVED

IARGIN

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Example 1			Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of of importance were as f	death and related causes ollows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy		Tweek ago
Chronic interstitial nephritis	1921	Run over by street car	RECEIVE	Durek ago
Cerebral hemorrhage	July 5,1927	Peritonitis	KINOTA	3 days ago
			JUL 8 1935	4
Other contributory causes of importance:		Other contributory cause	es of importance TV	8.
Gallstones	May 1,1923	Gastroenteritis	DU	1 year
•				

V. S. No. 1

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Example I	1/2	Example II		
The principal cause of death and related causes of importance were as follows:	S Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

ADDITIONAL SPACE FOR FUR	HER STATEMENTS BY PHYSICIAN
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1. PLACE OF DEATH	(93-2)
County Baltimore	Registration Dist. No.
Village or City Jowson	No. 5/2 Fairmount are St., Ward (If death occurred in a horpital or institution, give its NAME instead of street and number) los. 27 ds. How long in U.S. if of foreign blith? yrs mos ds
Da : 20: 11 80	
2. FULL NAME Milliam Henry Hay.	hast If U.S. Veteran specify WAR NO 1 War
(a) Residence: No. 5/2 Fastan assamble (Usual place of abode)	St., Ward. Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (write the word)	21. DATE OF DEATH (Month) (Day) (Year)
5a. If marriad, widowed, or divorced	(month) (bay) (loar)
HUSBAND OF Kate S. Ruby Flayhart	22. I HEREBY CERTIFY, That I attended deceased from
6. DATE OF BIRTH (month, day, and year) December 7 1854	I lest saw h. 200. aliva on All (8 07, 19.3 %; death is sal
7. AGE Yaars Months Days If LESS than	to have occurred on the date stated above, at 6 - A-m.
80 6 37 1 day,hr	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows: Date of onset
8. Trada, profassion, or particular kind of work done, as SPINNER, Printer Typesette SAWYER, BOOKKEPER, etc	e) no fi
9. Industry or businass in which work was done, as SILK MILL, Printing Office. SAW MILL, BANK, atc.	Myscordial
10. Oate daceased last worked at this occupation (month and year) - July 1923 occupation 50	manfillenen
med ned	Other Contributory Causes of Importance; Omlify
12. BIRTHPLACE (city or town) Associated (State or country)	of the course
13. NAME Edward Flaghart	- whome a value
14. BIRTHPLACE (city or town) Tawson, Balto. Co.	Name of operation
(State of Country)	What test confirmed diagnosis? Was there an autopsy?
15. MAIOEN NAME Margaret yost	23. If death was dua to extarnal causes (VIOL ENCE) fill in also the following:
15. MAIOEN NAME Margaret yout 16. BIRTHPLACE (city or town) Lawson, Bults Case (State or country)	Accident, suicide, or homicide? Date of injury, 19
(State or country) md.	Where did injury occur? (Specify city or town, county and State)
17. INFORMANT I Howard Flay hart	Specify whether Injury occurred In INOUSTRY, in HOME, or In PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of Injury
Place Prospect Hell Oate July 6 7, 193	5 Natura of Injury
19. UNDERTAKER Jam Burns Sous.	24. Was disaase or injury In any way ralated to occupation of deceased? 21.5
(Address Towson Mai	If so, specify
20. FILED 7/3 1935 4: M. Bacov. Registrar.	(Signed) Manuel Transmission M. I

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

N. B.-WRITE PLAINLY, V. S. No. 1

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Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
			100

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

1 week ago
1 week ago
3 days ago

ortance:

1 year

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Example I	- 1	Example II	
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Chronic interstitial nephritis & 1909	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIA	N

Registrar.

If more bland of sected, addres State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

(Address)

(Year)

Date of onset

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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
139	4		
Other contributory causes of importance:	96	Other contributory causes of importance:	
Gallstones	May 1, 1923	Gastroenteritis	1 year
11/2	1/10	P. Comments	
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1. PLACE OF DEATH County Death	STATE OF MARYLAND—	CERTIFICATE OF DEATH VIEW
Village or City. And Market College C	1. PLACE OF DEATH	920
Length of residence in city or town where death occurred Light (I death occurred in a horpite for institution, give in NAME instead of steet and number) 2. FULL NAME (a) Residence: No. PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4. COLOR OR RACE OR OVINCED (write the word of NUMECED (write the word of NUMECED)) 50. If married, widowed, or divorced (light of Number) 6. DATE OF BIRTH (month, day, professor, particular) 7. AGE Years Months 1. SEX MEDICAL CERTIFICATE OF DEATH (Log) (Log)	County Sallmul	Registration Dist. No.
Length of residence in city or town where death occurred with the control of the		
2. FULL NAME (a) Residence: No		
(a) Residence: No. PARTICIPATE of blocks) PERSONAL AND STATISTICAL PARTICIPATES J. SEX 4. COLOR OR RACE OR DIVORCED (wire the word) OR DIVORCED (wire) OR DIVORCED (wir		Hallos and
DERSONAL AND STATISTICAL PARTICULARS J. SEX MEDICAL CERTIFICATE OF DEATH J. COLOR OR RACE OR DIVORCED (crisic the word) OR	OF P	out of the second
3. SEX 4. COLOR OR RACE S. SINGLE, MARRIED, WORDONED OR DIVORCED Consist the word OR DIVORCED CONSIST CO		
So. It married, widowed, or divorced (Warried word) (HUSAND or HUSAND OF CONTINUED	PERSONAL AND STATISTICAL PARTICULARS	
50. If married, vidowed, ar divorced HUSSAND of Groy Wife of Black of Groy Wife of	OR DIVORCED (queite the word)	9114 19 193 3
6. DATE OF BIRTH (month, day, anglycar) 7. AGE Years Months Oays If IESS than I day, If IESS than I day, If IESS than I day, If I ast day, h. Ama, alivy on SAVER, BOOKEEFER, etc. Industry or business in which work was done, as SELK MILL, SAW MILL, BANK, etc. Date Genesad last worked at this occupation (month and) 23 II. Total time (years) year) Other Centributery Causes of Importance. Other Centributery Causes of Importance. Other Centributery Causes of Importance. Other Contributery Causes of Importan	5e. If married, widowed, or divorced	(Month) (Day) (Year)
6. DATE OF BIRTH (month, day, and/year) 7. AGE Years Months 1 day, 1	(or) WIFE of Calary 2 1 allows and	3
7. AGE Years Months Oays ILESS than 1 day hrs. or min hrs. or h	t the 1 91000	
S. Trade, profession, or particular kind of work dome, as SPINNER, SANKE, BONKEPER, etc. S. Industry or business in which was done, as SSINNER, SOLVER BONKEPER, etc. S. Industry or business in which was done, as SSINNER, SOLVER BONKEPER, etc. S. Industry or business in which was done, as SSIN MILL, SANKE, BONKEPER, etc. S. Industry or business in which was done, as SSIK MILL, SANKE, etc. S. Industry or business in which was done, as SSIK MILL, SANKE, etc. S. Industry or business in which was done, as SSIK MILL, SANKE, etc. S. Industry or business in which was done, as SSIK MILL, SANKE, etc. S. Industry or business in which was done, as SSIK MILL, SANKE, etc. S. Industry or business in which was decayed at the secondary of the country of the		7 7 2 7
R. Frade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAWYER, BOOKKEPER, etc. 10. Date deceased last worked at pearly in this occupation (month and pear) 12. BIRTHPLACE (city or town) 13. NAME 14. BIRTHPLACE (city or town) (State or country) 15. MAIDEN NAME 16. BIRTHPLACE (city or town) (State or country) 17. INFORMANT (Address) 18. BURIAL, CREMATION, OR SMOVAL Place 19. UNDERTAKER (Address) 19. UNDERTAKER (Address) 19. UNDERTAKER (Address) 19. UNDERTAKER (Address) 20. FILEDWILL (Signed) (Signed) (Signed) (Address) M. D. (Signed) (Address) M. D. (Address) M. D. (Signed) (Address) M. D. (Address) M. D. (Address) M. D. (Signed) M. D. (Address) M. D.	7 6 5 long 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH end related causes of importance
3. Industry or business in which was done, as SILK MILL, SAW MILL, BANK, etc. 10. Date deceased last worked at this occupation (month and year) 12. BIRTHPLACE (city or town) (State or country) 13. NAME 14. BIRTHPLACE (city or town) (State or country) 15. MAIDEN NAME 16. BIRTHPLACE (city or town) (Stete or country) 17. INFORMANT (Stete or country) 18. BURIAL, CREMATION, OR SEMOVAL Place 19. UNDERTAKER (Address) 19. UNDERTAKER (Address) 19. UNDERTAKER (Address) 10. Date deceased last worked at this occupation (Manual Country) 11. Signed 12. BIRTHPLACE (city or town) (State or country) 12. BIRTHPLACE (city or town) (State or country) 13. Manual 14. BIRTHPLACE (city or town) (State or country) 15. MAIDEN NAME 16. BIRTHPLACE (city or town) (Stete or country) 17. INFORMANT 18. BURIAL, CREMATION, OR SEMOVAL Place 18. BURIAL, CREMATION, OR SEMOVAL Place (Address) 19. UNDERTAKER (Address) 19. UNDERTAKER (Address) 19. UNDERTAKER (Address) 19. UNDERTAKER (Address) 10. Signed) 10. Signed) 10. Signed) 11. Signed) 12. Signed) 13. BURIAL, CREMATION, OR SEMOVAL Registrar (Address) 14. Wes disease or injury in any way related to occupation of deceased? 16. Signed) 17. OR Sexitivar 18. Signed) 18. Signed) 18. Signed) 18. Signed) 19. Whence of injury 19. UNDERTAKER (Address)		Were as follows:
3. Industry or business in which was done, as SILK MILL, SAW MILL, BANK, etc. 10. Date deceased last worked at this occupation (month and year) 12. BIRTHPLACE (city or town) (State or country) 13. NAME 14. BIRTHPLACE (city or town) (State or country) 15. MAIDEN NAME 16. BIRTHPLACE (city or town) (Stete or country) 17. INFORMANT (Stete or country) 18. BURIAL, CREMATION, OR SEMOVAL Place 19. UNDERTAKER (Address) 19. UNDERTAKER (Address) 19. UNDERTAKER (Address) 10. Date deceased last worked at this occupation (Manual Country) 11. Signed 12. BIRTHPLACE (city or town) (State or country) 12. BIRTHPLACE (city or town) (State or country) 13. Manual 14. BIRTHPLACE (city or town) (State or country) 15. MAIDEN NAME 16. BIRTHPLACE (city or town) (Stete or country) 17. INFORMANT 18. BURIAL, CREMATION, OR SEMOVAL Place 18. BURIAL, CREMATION, OR SEMOVAL Place (Address) 19. UNDERTAKER (Address) 19. UNDERTAKER (Address) 19. UNDERTAKER (Address) 19. UNDERTAKER (Address) 10. Signed) 10. Signed) 10. Signed) 11. Signed) 12. Signed) 13. BURIAL, CREMATION, OR SEMOVAL Registrar (Address) 14. Wes disease or injury in any way related to occupation of deceased? 16. Signed) 17. OR Sexitivar 18. Signed) 18. Signed) 18. Signed) 18. Signed) 19. Whence of injury 19. UNDERTAKER (Address)	kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	ar une sclerous
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12. BIRTHPLACE (city or town) (State or country) 13. NAME 14. BIRTHPLACE (city or town) (State or country) 15. MAIOEN NAME 16. BIRTHPLACE (city or town) (State or country) 17. INFORMANT (Address) 18. BURIAL, CREMATION, OR BEMOVAL Place (Address) 19. UNDERTAKER (Address) 20. FILED Clay 20. FILED Clay 21. BRTHPLACE (city or town) Occupation Occupation Occupation Name of operation Name of operation Name of operation Oate of What test confirmed diagnosis? Was there an autopsy? 23. If death wes due to external causes (VIOLENCE) fill in also the following: Accident, suicide, or homicide? Manner of injury occurred in INOUSTRY, in HOME, or in PUBLIC PLACE. Manner of injury Nature of injury Nature of injury Nature of injury Nature of injury 19. UNDERTAKER (Address) 20. FILED Clay (Signed) 30. Selective (Address) Am. D. Oate Contributory Causes of Importance: Name of operation Oate of What test confirmed diagnosis? Was there an autopsy? 23. If death wes due to external causes (VIOLENCE) fill in also the following: Accident, suicide, or homicide? More did injury occurred in INOUSTRY, in HOME, or in PUBLIC PLACE. Manner of injury Nature of injury 19. Wes disease or injury in any way related to occupation of deceased? If so, specify (Signed) Oate of What test confirmed diagnosis? Was there an autopsy? Accident, suicide, or homicide? More did injury occurred in INOUSTRY, in HOME, or in PUBLIC PLACE. Manner of injury Nature of injury 24. Wes disease or injury in any way related to occupation of deceased? If so, specify (Signed) Oate of (Address) Manner of injury Accident, suicide, or homicide? More did injury occurred in INOUSTRY, in HOME, or in PUBLIC PLACE. Manner of injury Nature of injury (Signed) Oate of (Address) Manner of injury Accident, suicide, or homicide? Maccident, suicide, or ho	SAW MILL, BANK, etc.	ourle organista 4/
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15. MAIOEN NAME 16. BIRTHPLACE (city or town) (Stete or country) 17. INFORMANT (Address) 18. BURIAL, CREMATION, OR DEMOVAL Place (Address) 19. UNDERTAKER (Address) 20. FILED Clay (A, 19 35) 21. INFORMANE (Address) 22. If death wes due to external causes (VIOL ENCE) fill in also the following: Accident, suicide, or homicide? (Specify city or town, country and State) Specify whether injury occurred in INOUSTRY, in HOME, or in PUBLIC PLACE. Nature of injury. 24. Wes disease or injury in any way related to occupation of deceased? (Signed) (Signed) (Signed) (Middress)	(State or country)	
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19. UNDERTAKER Line: 18 that I down (Address) 24. Wes disease or injury in any way related to occupation of deceased? 19. UNDERTAKER Line: 18 that I down any way related to occupation of deceased? 16 so, specify (Signed) 3 R Benny A.M. D. 19. UNDERTAKER Line: 18 that I down any way related to occupation of deceased? 19. UNDERTAKER Line: 18 that I down any way related to occupation of deceased? 19. UNDERTAKER Line: 18 that I down any way related to occupation of deceased? 19. UNDERTAKER Line: 18 that I down any way related to occupation of deceased? 19. UNDERTAKER Line: 18 that I down any way related to occupation of deceased? 19. UNDERTAKER Line: 18 that I down any way related to occupation of deceased? 19. UNDERTAKER Line: 18 that I down any way related to occupation of deceased? 19. UNDERTAKER Line: 18 that I down any way related to occupation of deceased? 19. UNDERTAKER Line: 18 that I down any way related to occupation of deceased? 19. UNDERTAKER Line: 18 that I down any way related to occupation of deceased? 19. UNDERTAKER Line: 18 that I down any way related to occupation of deceased? 19. UNDERTAKER Line: 18 that I down any way related to occupation of deceased? 19. UNDERTAKER Line: 18 that I down any way related to occupation of deceased? 19. UNDERTAKER Line: 18 that I down any way related to occupation of deceased? 19. UNDERTAKER Line: 18 that I down any way related to occupation of deceased? 19. UNDERTAKER Line: 18 that I down any way related to occupation of deceased? 19. UNDERTAKER Line: 18 that I down any way related to occupation of deceased? 19. UNDERTAKER Line: 18 that I down any way related to occupation of deceased? 19. UNDERTAKER Line: 18 that I down any way related to occupation of deceased? 19. UNDERTAKER Line: 18 that I down any way related to occupation of deceased? 19. UNDERTAKER Line: 18 that I down any way related to occupation of deceased? 19. UNDERTAKER Line: 18 that I down any way related to occupation of deceased? 19. UNDERTAKER Line: 18 that I down any way	1-4//	Manner of injury Mone
20. FILED Color 15 35 Francis Folker (Signed) Benoy And M. D. Registrar. (Address) Cressens wills Mid	Place Mulfum Oate July 15, 19.15	Nature of injury
20. FILED Cely 16, 1935 Francis Alake (Signed) (3 of Benny And M. D. Registrar. (Address) Cressensults And		
		(Signed) 03 9 03 enroy & M. I
	the state of the s	

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To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc:

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	ii	Example II		
The principal cause of death and related causes of importance were as follows: EIVED	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis 4136 5 1935	1921	Run over by street car	1 week ago	
Cerebral hemorrhage SURFALL V. S.	July 5, 1927	Peritonitis	3 days ago	
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

V. S. No. 1

STATE OF MARYLAND-CERTIFICATE OF DEATH

1/ PLACE OF DEATH	(131)
County Baltymore	Registration Dist. No.
Village or City Sparrass Coint	No. St., War- (If death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town where deeth occurredyrs,	mosds. How long in U.S. if of foreign birth?yrsmosd
2. FULL NAME Tilliam Henry	Lyndmin
CII T	St Ward.
(a) Residence: No	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOW OR DIVORCED (write the wo	
5a. If married, widowed, or divorced	(Total)
HUSBAND of morgant	22. I HEREBY CERTIFY, Thet I attended deceased fro
1 41 101	47 t last saw h 2 alive on Alexander 1935 deeth is se
6. DATE OF BIRTH (month, day, and yeer) 7. AGE Years Months Deys If LESS	/ / 30/
0-0 d I day,	hrs. The PRINCIPAL CAUSE OF DEATH end related ceuses of importance
8. Trade, profession, or particular	in. were as follows: Date of ones
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	disease & Hypertension 1925
kind of work done, as SPINNER, SAWYER, BOOKKEPER, etc. Industry or business in which work wes done, as SILK MILL, SAW MILL, BANK, etc. 10. Dete deceased last worked at this occupation (month and	97
10. Dete deceased last worked at this occupetion (month and spent in this	
year) occupation	Other Contributory Causes of importence:
12. BIRTHPLACE (city or town)	
(Stete or country)	
13. NAME	
13. NAME 14. BIRTHPLACE (city or town)	Neme of operation
(State of country)	What test confirmed diegnosis the Grace Was there en autopsy?
15. MAIDEN NAME Jumah 12 dono	23. If death wes due to externel causes (VIOL ENCE) fill in elso the following:
15. MAIDEN NAME 16. BIRTHPLACE (city or town) (State or country)	Accident, suicide, or homicide?
(State of country)	Where did Injury occur? (Specify city or town, county and State)
17. INFORMANT And American Ame	Specify whether injury occurred In INDUSTRY, In HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Menner of injury
Place mc Denhu pany Date July 3 ,1	9 35 Nature of injury
2 1/2 Contes	24. Wes diseese or injury in any way releted to occupation of deceased?
19. UNDERTAKER (Addiess) Same	If so, specify
(me, 101) will knight in	(Signed) accurate lendent 1 M.
20. FILED MAY 1923 A Regist	for (Address) Prindslk, May

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.-The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

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Example 1	- 1	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows and in the causes	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car GEOL D	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
		[03/13/36]	
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

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Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory cruses of importance:	May 1,1923	Other contributory causes of importance: Gastroenteritis	1 year
ADDITIONAL SPACE F	OR FURTH	ER STATEMENTS BY PHYSICIAN	

OCCUPA.

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Chronic interstitial nephritis AUG 2 1955	1921	Run over by street car	1 week ago	
Cerebral hemorrhage BUREAU V. S.	July 5,1927	Peritonitis	3 days ago	
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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STATE OF MARYLAND—	CERTIFICATE OF DEATH 07473
1. PLACE OF DEATH Baltimore	(161-d)
County	Registration Dist. No.
Village or City (If	No. 5 5 5 St., Ward death occurred in a horpital or institution, give its NAME instead of street and number)
	ds. How long In U.S. If of foreign birth?yrsmosds.
2. FULL NAME Balay And	70.
(a) Residence: No. (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH (Month) (Day) (Year)
ia. If married, widowed, or divorced HUSBAND of (or) WIFE of	220 I HEREBY CERTY, Thet I attended deceased from 1935, to 1935
5. DATE OF BIRTH (month, day, and year) Tuly 3, 1935	I last law h elive on 1935; deeth is sald
7. AGE Years Months Deys If LESS than 1 day,	to have occurred on the date stated above, at
8. Trede, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	were as follows: Date of onset Date of onset
9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc	A construction of the cons
10. Date deceased last worked et this occupetion (month and year)	
(State or country)	Other Coutributory Causes of importance:
5 13. NAME John Bushos.	
14. BIRTHPLACE (city or town). B. (State or country)	Name of operation
15. MAIDEN NAME Pouling Butto	23. If death was due to external causes (VIOLENCE) fill in also the following:
16. BIRTHPLACE (city or town) Markbur burg Co.	Accident, suicide, or homicide? Date of Injury, 19
17, INFORMANT LA	Where did injury occur? (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
8. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Place listury amiliago June 6, 19,35	Nature of injury
19. UNDERTAKER & St. Chase of Son (Address) 638 n Lilmor St	24. Wes disease or injury in any way related to occupation of deceased?
20. FILED USE, 6 , 1935 Baltimore and	(Signed) M. D
If more blanks are needed, address State Registrar,	2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory earses of importance, name other important diseases or injuries. Examples:

Example I	11	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1,921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	2
Gallstones	May 1,1923	Gastroenteritis	1 year

V. S. No. 1 N. B.- of OCCUPA-

STATE OF MARYLAND—	CERTIFICATE OF DEATH 07474
1. PLACE OF DEATH	M8.
County Baltimore	Registration Dist. No. 3/
Village or City Wood Cann,	NoSt.,Ward
/	death occurred in a horpital or institution, give its NAME instead of street and number) ds. How long In U.S. if of foreign birth?mosds.
2. FULL NAME Charles Hammerback	Fer If U.S. Veteran specify WAR. 710
(a) Residence: No. Ridge Rd-Woodlawn, P. (Usual place of abode)	
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (write the word) Wale White Widowed	21. DATE OF DEATH July (Month) (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of Deceased	22. I HEREBY CERTIFY, Thet lettended deceased from
(or) WIFE of MargaretM. Hammerbacker	
6. DATE OF BIRTH (month, day, end year) April 30, 1888.	I lest saw h alive on, 19, death is said
7. AGE Years Months Deys if LESS than	to heve occurred on the date stated above, at 9 m.
47 2 14 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH end related causes of importance were as follows:
8. Trade profession or particular	Succide-Gunshot Date of onset
kind of work done, es SPINNER, SAWYER, BOOKKEPPER, etc. 9. Industry or business in which work wes done, as SILK MILL, SAW MILL, BANK, etc. 10. Date deceased last worked at the property of this occupation (month end) business and property of the control of the	wound in head-
9. Industry or business in which work wes done, as SILK MILL, Agriculture SAW MILL, BANK, etc	
SAW MILL, BANK, etc	Throat and Wrists
this occupation (month end year) year)	stashed.
Bafting and	Other Contributory Causes of Importance:
12. BIRTHPLACE (city or town) (State or country)	
13. NAME John Hammetbacker 14. BIRTHPLACE (city or town) Germany (State or country)	
14. BIRTHPLACE (city or town) Germany	Neme of operation
(State of country)	What test confirmed diagnosis? Was there an eutopsy?
15. MAIDEN NAME UNKNOWN 16. BIRTHPLACE (city or town) CF Many (State or country)	23. If death wes due to external causes (VIOLENCE) fill in elso the following:
5 16. BIRTHPLACE (city or town) GErmany	Accident, suicide, or homicide? Dute Cige Date of injury July, 19-3.5
(State or country)	Where did injury occur? Redge Kar. Wood Laswar.
17. INFORMANT MISS Margaret Hammerka (Address) 266/ Frederick Ave., Battor	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury Stated abore.
Place Sudon Park Date Uney 18, 1935	Nature of injury Stated a bore.
19. UNDERTAKER F. B. W. popo gt Et Son. (Address) 1300 Entale Place	24. Was disease or injury in any way related to occupation of deceased?
20. FILED July 17, 1935 - Wm & Martin Registrar.	(Signed) Male Tannsend, Action 9 M.D. (Address) Landa Clstown, Md.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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		Example II	
d related causes	S Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
	1915	Attack of epilepsy	1 week ago
6-,	1921	Run over by street car	1 week ago
12 8	July 5,1927	Peritonitis	3 days ago
12 6	P		
portance: CV	国 1	Other contributory causes of importance:	
3 3	Nay1,1923	Gastroenteritis	1 year
	m ·		
	portance: 8	1915 1921 July 5,1927 portance: 8	of importance were as follows: Attack of epilepsy Run over by street car July 5,1927 Peritonitis Other contributory causes of importance: Gastroenteritis

STATE OF MARYLAN PLACE OF DEATH CERTIFICATE OF DEATH Registration Dist. No. (If death occurred in a hospital or institu-tion, give its NAME in-stead of street and PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 4 COLOR OR RACE 5 SINGLE. 3 SEX 16 DATE OF DEATH may be OR DIVORCE Write the word) I HEREBY CERTIFY, That I attended the decease 6 DATE OF BIRTH February (Month) (Year) and that death occured on the date stated above, at If LESS than 7 AGE I day hrs. RESERVE 8 OCCUPATION (a) Trade, profession or at home particular kind of work (b) General nature of industry business, or establishment in which employed or (employer) MARGIN 9 BIRTHPLACE Secondary (State or country) Germany 10 NAME OF (Signed) FATHER William Kelch 1935 (Address) ... 11 BIRTHPLACE *State the Discase Causing Death, or, 1h deaths from Violent Caus.s, state (i) Means of Injury and (2) whether Accidental, Suicidal or Homicidal. OF FATHER Z Germany (State or country) 12 MAIDEN NAME Willshimina Schumacken's LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans-OF MOTHER ients or Recent Residents) OCCU 13 BIRTHPLACE In the At place OF MOTHER State yrs mos Germany of death yrsds. (State or country) Where was disease contracted, if not at place of death?..... 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE Former or usual residence. (Informant) Mr. Henry Heil 19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL Every CIANS staten 701 Stoneleigh Road Ridge Cemetery July ADDRESS NDEATAR Registra If more blanks are needed, address State Registrar, 10 W. Saretoga St., Balto., Requesting V. S. No.

(Approved by U. S. Census and American Public Health Association.)

falmess of various pursuits can be known. The quescupition is very important, so that the relative health should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the husiness or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e.g.. Farmer or Planter, tion applies to each and every person, irrespective of Statement of Occupation-Precise statement of ocworked on may form part of the second statement. Never return 'Laborer," "Foreman," "Manager," "Deal-(a) Spinner, (b) Cotton mill; (a) Salesman, Physician, Compositor, Architect, state occupation at beginning of illness. If retired from definite salary), may be entered as Housewife, Houseen at home, business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH gaged in domestic service for wages, as Servant, Cook, ployed, as At school, or At home. Care should be taken hou chold only to paid Housekeepers who receive a whatever, write Nonc. Housemaid, etc. report specifically the occupations of persons en-Foreman, For many occupations a single word or term on or At Home, and children, yrs). Farm laborar, without more precise specification as Doy w n are engaged in the duties of the (b) Automobile factory. The material For persons who have no occupation If the occupation has been changed Loborer-Coul mine, etc. Locomotive engineer, not gainfully em-(6) Grocery; Wom-

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal year (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

inges, perilonaeum, etc., Carcinoma, Sarcoma,, etc., of (name origin: "Cancer" is less definite; avoid stated unless important. Example: Measles (disease use of "Tumor" for malignant neoplasms); Measles; unqualified, is indefinite); Tuberculosis of lungs, men-"PJERPERAL septicaemia," "JUERTERAL peritonitis," etc. "(Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease "Debility" ("Congenital," "Senile," etc.), "Dropsy, "Exhaustion," "Heart failure," "Haemorrhage, tions, such as "Asthenia," "Anuemia" (merely symptomcausing (secondary or intercurrent) affection need not be Chronic interstitial nephritis, Whooping diseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely and qualify as ACCIDENTAL, SUICIDAL, OF HOMICIDAL, taken. State cause for which surgical operation was under-"Atrophy" "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS STATE MEANS OF INJUNY death), 29 ds.; Bronchopneumonia (secondary), cough; Chronic valendor heart disease; etc. The contributory

duences (e.g., sepsitive on statement of cause of deat)

oy Condittee on Nomenclature of the merican Medical Association.)

If this certificate call oked one, thoroughly and all queries answered in deral, it will prevent further, correspondence. the data is essential and must be obtained before the certificate is permanently fledt.

STATE OF MARYLAND CERTIFICATE OF DEATH EXACTLY, ly classifled fleate. Registration Dist. No. (If death occurred in Ward) a hospital or institu-tion, give Its NAME in-stead of street and number.) PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH SSINGLE. ON 4 COLOR OR RACE 3 SEX 16 DATE OF DEATH MARRIED. WIDOWED. OR DIVORCED t may (Write the word) .(Day)..... BINI 8 DATE OF BIRTH I HEREBY CERTIFY, That I attended the deceased from hat (Month) (Day) (Year) 7 AGE IIf LESS than and that death occurred on the date stated above, at ... day hrs. The CAUSE OF DEATH * was as follows: RESERVED termi de. or min.? 8 OCCUPATION (a) Trade, profession or particular kind of work pia (b) General nature of industry business, or establishment in which employed or (employer) Contributory MARGIN 9 BIRTHPLACE Secondary (State or country) Duration)mos...... 10 NAME OF (Signed) FATHER 0 (Address) 11 BIRTHPLACE 0 14 OF FATHER S *State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether CAU: (State or country) Accidental, Suicidal or Homicidal. 12 MAIDEN NAME D OF MOTHER 18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transcup, ients or Recent Residents) 13 BIRTHPLACE At place of death ... In the OF MOTHER ...yrs.......ds. State_____yrs.___mos... (State or Country) Where was disease contracted. houl 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE if not at place of dea.h?. Former or usual readence DATE OF BURIAL EVERY (Address If more banks are needed, addre-s State Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

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Nonenclature of death lights certificate it look byter thoroughly and all questions answered in detail, will revent before correspondence. All the data is general and out he obtained defere the certificate is permannity filed.

V. S. No. 1

0	policy	A	Asp		
13	1	4	1	1	
U	-0	I	-	-	

1. PLACE OF DEATH	(37)
County Ballings	Registration Dist. No. 10 39
Village or City Sweet Gas	No. St., Ward If death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurred	osds. How long in U.S. if of foreign birth?yrsmosds.
2. FULL NAME John H Hitter	If U.S. Veteran specify WAR
(a) Residence; No. Such Gia (Usual place of abode)	St.,Ward
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3, SEX 4. COLOR OR RACE OR DIVORCED (write the word)	21. DATE OF DEATH (Month) (Day) (Year)
5a. It married, widowed, or divorced Rebecca Nitter (or) WIFE of	22. I HEREBY CERTIFY, That I attended deceased from 1935, to July 31, 135
6. DATE OF BIRTH (month, day, and year) Care 15 1858	Hast saw h has alive on July 30 , 1936; death is said
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, et 1. 15.00 m.
77 3 16 1 dey,hrs	The PRINCIPAL CAUSE OF DEATH end releted causes of Importance were es follows:
8. Trade, profession, or perticular kind ot work done, es SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 01. Date deceased last worked at 11. Totel time (years)	Gout hefheit Jollong
SAW MILL, BANK, etc. 10. Date deceased last worked at this occupation (month end yeer) 11. Total time (years) spant in this occupation.	The kystitis was due to Cenign prostation enlargement. Cur first. Other Contributory Causes of importance:
12. BIRTHPLACE (city or town) Germany (State or country)	Mremie
13. NAME Goha Hiller	
13. NAME 14. BIRTHPLACE (city or town) (State or country)	What test confirmed diegnosis?
15. MAIDEN NAME Jena Mullee	23. If death wes due to externel causes (VIOLENCE) fill in also the following:
15. MAIDEN NAME 16. BIRTHPLACE (city or town) (Stete or country)	Accident, suicide, or homicide?
17. INFORMANT Me Joseph Gullo (Address) 1624 Normal Car Ballo	Specity whether Injury occurred In INDUSTRY, In HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL . Piece Severi Guy Dete Quy 7, 193,	Manner of injury
19. UNDERTAKER Was C. Brooked & Sugar (Address)	24. Was disease or injury In any way related to occupation of deceased?
20. FILED Scal 31 , 1935 Thanki Filed Registrar.	(Signed) It Shumanting M. D. (Address) Sasha Sad

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

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Example I		Example II	
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Arteriosclerosis DECEIVED	1915	Attack of epilepsy	1 week ago
Chronic interstitial negaritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage AUC 5 1935	July 5, 1927	Peritonitis	3 days ago
BUREAU V. S.	11		
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

STATE OF MARYLAND—	CERTIFICATE OF DEATH 07478
1. PLACE OF DEATH	205-2) <
County Oftwork	Registration Dist. No. 44
Village or City Sherron Clink n	O No. St. War
	f death occurred in a hospital or institution, give its NAME instead of street and number)
	sds. How long In U.S. if of foreign birth?yrs,mosd
2. FULL NAME COCK OF CIMES	Nearons Pout M.
(a) Residence: No. 100 (Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED,	21. DATE OF DEATH()
Megro OR DIVORCED (write the word)	(Moom) (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of	(Month) (Day) (Year)
(or) WIFE of	22. I HEREBY CERTIFY, That I oftended deceased in
200	, 10
6. DATE OF BIRTH (month, day, and year) 7. AGE Years Months Days If LESS than	Liest sew in
45 / 1 day,hrs.	to have occurred on the date stated above, et 10:30 A m. The PRINCIPAL CAUSE OF DEATH end related causes of importance
Trade, profession, or particular	were as follows:
kind of work done, as SPINNER, ack orr	Olaski State
3. Industry or business in which work was done, as SILK MILL Start for face At the	he last the const
SAW MILL, BANK, etc.	y was married from the
11. Total time (years) this occupation (month and	
yeer)occupation	Other Coutributory Causes of importance:
12. BIRTHPLACE (city or town) Drunby 1/a.	
(State or country)	
13. NAME Start ann	
14. BIRTHPLACE (city or town) Va	Name of operation Date of
15. MAIDEN NAME LONA Work IM W	What test confirmed diagnosis? Was there an au'opsy?
	23. If death was due to externel causes (VIOLENCE) fill in also the following:
16. BIRTHPLACE (city or tewn) (State or country)	Accident, suicide, or homicide? Date of injury 193
(State of County)	Where did injury ocur? (Specify city or town, county and State)
17. INFORMANT Cuffynur record	Specify whether in ary occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
(Address) John When the 18. BURIAL, CREMATION, OR REMOVAL	- Charley
Place Tree Bar Date July J 19	Manner of Injury Cultury by Cultur
h. Donalaka wa	Nature of injury
19. UNDERTAKER AND IN JULY COLORS	24. Was disease or injury in any way related to occupation of deceased?
1 1 29 proling 8	If so, specify
20. FILE (19 2 , , , 1925 4 flut omnier 22)	(Signed) Newy M. Lenn, Coroner M.
(Registrar,	2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

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Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
(E. E. D.)			
Other contributory causes of importance		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
12			

FOR BINDING

MARGIN RESERVED

STATE OF MARYLAND—	CERTIFICATE OF DEATH
1. PLACE OF DEATH	210:0
County Balts.	Registration Dist. No. 4 4
Village or City of hite march	No. Phila. Rd. St., Ward death occurred in a horpital or institution, give its NAME instead of street and number)
	death occurred the hospital of mentionen, give its IVAIVE, instead of street and number) ds. How long in U. S. if of foreign birth?
2. FULL NAME Malelland Ashmas	0.4
(a) Residence: No. (285 874. Tout Que	St., Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (write the word) 5a. If married, widowed, or divorced	21. DATE OF DEATH (Marth) (Day) (Year)
HUSBAND OF Mary 6. Fitzputrick	22. I HEREBY CERTIFY, That I attended deceased from
6. DATE OF BIRTH (month, day, and year) Fin. 24-1902	I last saw h alive on, 19; death is said
7. AGE Years Months Days If LESS than	to heve occurred on the date stated above, atm.
33 ws J 16 1day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
8. Trade, Arofession, or particular kind of work done, as SPINNER, Junk Diver	Date of one of
SAWYER, BOOKKEEPER, etc. huck diver	accidentel prouming
and Mill, BANK, etc. SAW MILL, BANK, etc. SAW MILL, BANK, etc.	
10. Date deceased last worked at this occupetion (month end year)	
	Other Contributory Cauges of importance:
12. BIRTHPLACE (city or town)	automobile nan into water
H /	
14. BIRTHPLACE (city or town) (State or country)	Name of operation
I 15. MAIDEN NAME Clairs in Anthotes	What test confirmed diagnosis? Was there an autopsy? Was there and autopsy?
15. MAIDEN NAME Olievia Formoten 16. BIRTHPLACE (city or town).	23. If death was due to external causes (VIOLENCE) fill In also the following: Accident, suicide, or homicide?
S 16. BIRTHPLACE (city or town)	Where did Injury occur?
17. INFORMANT mo. marg &. Johnson (Address) 1350 andre 4.	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18, BURIAL, CREMATION, OR REMOVAL	Manage of total
Place morelando Date July 13, 1935	Nature of Injury
19. UNDERTAKER John S. Connelly (Address) Essex Ind.	24. Was disease or injury In any way related to occupation of deceased?
20. FILED July 12, 19 5 5 John S. Cormelly Registrat	(Signed) If (Self) Maffel Corner (Address) & Samuer Reen

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.-The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	3	Example II	
The principal cause of death and related causes of importance were as follows: CEVE	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
BUREAU V. S.			15
		1 20 00 15	
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923		1 year
		- \ 4 40° - 1	
		\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	

A st -A	STATE OF MARYLAND—	CERTIFICATE OF DEATH 07480
infor- state UPA-	1. PLACE OF DEATH	(131)
n of ould	County Vallo	Registration Dist. No.
item of should of OCC	Village or City Dowson	NoSt.,Ward (death occurred in a hospital or institution, give its NAME instead of street and number)
ry i	/ 1	ds. How long in U.S. if of foreign birth?
Every CIANS ement	2. FULL NAME /Lebecca Volohns	on
3D. Every	(a) Residence: No. 323 Lenox ave	St., Ward.
	(Usuaiplace % abode)	If nonresident give city or town and State MEDICAL CERTIFICATE OF DEATH
RECO. PH. Exact	PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4. COLOR OR RACE 5. SINGLE, MÁRRIED, WIDOWED, //	21. DATE OF DEATH
	OR DIVORCED write the word	July 29 193 d
NG TEN fied.	5a. If married, widowed, or divorced - 1 24	(Month) (Day) ^E (Year)
NDING RMANEN X A C T	(or) WIFE of Widewed - Unknown	22. HEREBY CERTIFY, That Vattended decessed from
	6. DATE OF BIRTH (month, day, and year) May - 1873	Hast saw h 2 alive on July 28, 19 35 death is sale
	7. AGE Y Years Months Days If LESS than	to have occurred on the date stated above, at 3 \$ 3 0 m.
FOR IS A stated proper ertific	62 2 mkn lady, hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of Importance were as follows: Data of onset
- 70	8. Trede, profession, or perticular kind of work done, as SPINNER,	Plant of the transfer to
VE)	kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9 Industry or business in which	Cunico occordino 10 femas
SERVI NK—T should it may n back	WORK WAS done, as SILK MILL, SAW MILL, BANK, etc	
いい日間から	11. Total time (years) this occupation (month and year)	
7 4 - 0	1// / . / . / . / .	Other Cantributary Causes of importance:
IN IDI	12. BIRTHPLACE (city or lown) (State or country)	-
IARGIN UNFADI upplied. terms, so	13. NAME Dennes & Vines	· · · · · · · · · · · · · · · · · · ·
2 0 1 4 8	13. NAME Dennis Vines 14. BIRTHPLACE (city or town) Varyout (State or country)	Name of operation
TH III	(State of Country)	Whet test confirmed diagnosis?
in ef ≰	15. MAIDEN NAME (Infrascur) 16. BIRTHPLACE (city or town) (State or country)	23. If death was due to external causes (VtOL ENCE) fitl in also the following:
Car car TH	16. BIRTHPLACE (city or town) (State or country)	Accident, suicide, or homicide?
	Pachel South	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE,
PLA hould OF D	17, INFORMANT AUCULE SCOTI	
Sho Sho S	118, BURIAL, CREMATION, OR REMOVAL	Manner of injury
WRITE mation si CAUSE IIO	Hipping Harford Laille Date & / / 1933	Nature of injury
man CA	19. UNDERTAKER Trances Williamsley	24. Was disease or injury in any way related to occupetion of deceased?
T B	Luly30 36 NI Hallach Man Hor	If so, specify (Signed) (Signed)
à z	2D. FILEB Registrar.	(Address) 2329 Level -
	If more blanks are needed, address State Registrar,	2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

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The number of years the deceased followed the occupation.

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Arterioselerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephrilis RECE	1921	Run over by street ear	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
AUG 18	9		
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

V. S. No.

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OCCUPA

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Example 1	3	Example II		
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
BUREAU	اللي			
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

ADDITIONAL.	SPACE	FOR	FURTHER	STATEMENTS	RY	PHYSICIAN
UDDITIONUT	DI ZI UIZ	TOIL	T. ORCHITICAL	STATISTICAL	10 1.	LHIDICIAN

-WRITE

STATE OF MARYLAND-CERTIFICATE OF DEATH

07452

1. PLACE OF DEATH	93-6
County Baltimore	Registration Dist. No. 44
Village or City Senera R Bengino	No. 15th Llist St., 9 Ward
	(If death occurred in a hospital or institution, give its NAME instead of street and number) osds. How long in U.S. If of foreign birth?
2. FULL NAME James a Kest	
(a) Residence: No. 1934 E La fayett	Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (write the word) Male White Wasser 3. SEX	21. DATE OF DEATH (Month) (Oay) (Year)
5e. If married, widowed, or divorced HUSBANO of (or) WIFE of Elizabeth Keans	22. I HEREBY CERTIFY, Thet i attended deceesed from Matol 25, 1930, to 4, 1935
6. DATE OF BIRTH (month, day, end year) 1870—Lec. 27,1866 7. AGE Years Months Oays If LESS than 1 day,hrs. ormin.	to have occurred on the date states above, at
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work wes done, as SILK MILL, SAW MILL, BANK, etc. 10. Oate deceased last worked at this occupation (month and year) 12. BIRTHPLACE (city or town) (State or country) N. Jay	Ohners Carolias Serend Artifation Com Jaca as Myselet Artis Other Contributory Causes of Importance: Other Contributory Causes of Importance:
13. NAME Michael Kearra 14. BIRTHPLACE (city or town) & seland (State or country)	Name of operation Oate of
15. MAIOEN NAME Margaret Tymphing 16. BIRTHPLACE (city or town) (State or country) 17. INFORMANT Margaret Research Augustian Canada (Address) 1934 E. La Layette ave	What test confirmed diagnosis? Was there an au'opsy? 23. If death wes due to external causes (VIOLENCE) fill in elso the following: Accident, suicide, or homicide? Date of injury , 19 Where did injury occur? (Specify city or town, county and Siale) Specify whether injury occurred in INOUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION OR REMOVAL Place Orllawn Century Oate 7/8/, 1930 19. UNDERTAKER 6. D. Farming 1 Since	Manner of injury Neture of injury 24. Was disease or injury ja any wey related to of cupation of deceased?
20. FILED July 5, 1935 John S. Cornell Registrary	(Signed) Joseph E. Domernger M. D. (Address) Bengies Balto Cound

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

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10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

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Example I			Example II			
The principal cause of deat of importance were as followard arteriosclerosis		Pate of onset	The principal cause of death and related causes of importance were as follows: Attack of epilepsy	Date of onset 1 week ago		
Chronic interstitial nephritis		1921	Run over by street car	1 week ago		
Cerebral hemorrhage	NUC 8 1935	July 5,1927	Peritonitis	3 days ago		
	TOFALL V. S	<u> </u>				
Other contributory causes	of importance:		Other contributory causes of importance:			
Gallstones		May 1,1923	Gastroenteritis	1 year		

ADDITIONAL SP	ACE FOR	FURTHER	STATEMENTS	BY	PHYSICIAN

3

V. S. No. 1

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STATE OF MARYLAND	-CERTIFICATE OF DEATH 07450
1. PLACE OF DEATH County Baltimore	(191)
0.41	Registration Dist. No.
Village or City Rella, Me.	No. St., Ward (If death occurred in a horpital or institution, give its NAME instead of street and number)
1/6	osds How long in U.S. if of foreign birth?yrsmosds.
2. FULL NAME Sarah Elizabeth	Kelley
(a) Residence: No. Cella, Sud-	St., Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (write the word)	21. DATE OF DEATH (Month) (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of	
(or) WIFE of James Felley,	22. HEREBY CERTIFY. That I attended deceased from
6. DATE OF BIRTH (month, day, and year) Fau 19, 1957	Wast saw b land allve on 193 S : death is said
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, atm,
83 5 17 1day,hrs	were as follows:
8 Trade profession or particular	Date of onset
kind of work done, as SPINNER, at I Vanel SAWYER, BOOKKEEPER, etc.	Jem Stroke A1935
9 Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc	
U 10. Date deceased last worked at	
this occupation (month and /9 3 \ spentin this year) secupation	
12. BIRTHPLACE (city or town) Baltimore, My.	Other Contributory Causes of importance:
(State or country)	(lever / applels)
13. NAME Edward Prarish	Dec 83 / 1931
14. BIRTHPLACE (city or town)	Name of operation
(State of Country)	What test confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME Margaret Johnson	23. If death was due to external causes (VIOLENCE) fill in also the following:
15. MAIDEN NAME Margaret Johnson	Accident, suicide, or homicide?
(State or country)	Where did injury occur? (Specify city or town, county and State)
17. INFORMANT. Mr. Howard Burker (Address) Quela, W.	Specify whether Injury occurred in INDUSTRY, In HOME, or In PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Place Lorianie Ciu. Date /- 155	Nature of injury
19. UNDERTAKER & C. My inbothory	24. Was disease or injury in any way related to occupation of deceased?
(Address) Educate Cate, Wed.	If so, specify
20. FILED / P , 1) Holindon	(Signed) A M. D. M. D.
Registrar.	(Address) Lieut Tally Thef
If more blanks are needed, address State Registra	r, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

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11.—The number of years the deceased followed the occupation.

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Example I			Example II			
The principal cause of dea of importance were as follows	th and related causes	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset		
Arteriosclerosis		1915	Attack of epilepsy	1 week ago		
Chronic interstitial nephritis	S 1200	1921	Run over by street car	1 week ago		
Cerebral hemorrhage	MIRENE V. S	July 5,1927	Peritonitis	3 days ago		
Other contributory causes	of importance:		Other contributory causes of importance:			
Gallstones		May 1,1923	Gastroenteritis	1 year		

ADDITIONAL S	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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V. S. No. 1

В

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(Address)

STATE OF MARYLAND—	CERTIFICATE OF DEATH 07484
County Bullinge	Registration Dist. No.
Village or City Pachasala (II	NoSt.,Ward f death occurred in a hospital or institution, give its NAME instead of street and number) sds. How long In U.S. if of foreign birth?yrsmosds.
2. FULL NAME Franny Hlimper (a) Residence: No.	St. Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE Substantial 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED ("write tha word) The married, widowed, or divorced The married of the marrie	21. DATE OF DEATH July 30 (Yaar)
6. DATE OF BIRTH (month, day, and year) 184 9. m. kman 7. AGE Years Months Days If LESS than	1 HEREBY CERTIFY. That I attended deceased from Mesch 17, 1935, to July 29, 1935 I last saw her alive on July 29, 1995; death is said to have occurred on the date stated above at 1/155 a.m.
8. Trada, profession, or particular kind of work dona, as SPINNER, SAWYER, BOOKKEEPER, etc	
12. BIRTHPLACE (city or town) Bullinese boundy (State or country)	Other Contributory Causes of importance: Ohumic Cyp hilis
13. NAME het Known 14. BIRTHPLACE (city or town) (State or country) **The Country of the Honoretical	Name of operation Data of What test confirmed diagnosis? Classical Was there an autopsy? Lo.
15. MAIDEN NAME 16. BIRTHPLACE (city or town) (State or country) 17. INFORMANT Longeboth Jelsepher	23. If death was due to external causes (VIOLENCE) fill in elso tha following: Accident, suicide, or homicide?
(Address) Loyas Vo Coft 18. BURIAL, CREMATION, OR REMOVAL Place Grass Cornelly Data Mary 2, 1935	Manner of injury
March & &	24 Was disease or injury in any way related to occupation of deceased?

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 4.

Registrar.

If so, specify

(Signed)

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9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

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	Example II	
Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
1915	Attack of epilepsy	1 week ago
1921	Run over by street car	1 week ago
Juty 5,1927	Peritonitis	3 days ago
	Other contributory causes of importance:	
May 1,1923	Gastroenteritis	1 year
	Sales Comment States of the Comment	
	1915 1921 July 5,1927	of importance were as follows: Attack of epilepsy 1921 Run over by street car July 5,1927 Peritonitis Other contributory causes of importance:

ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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MARGIN RESERVED FOR BINDING

V. S. No. 1 Ä

	07485
STATE OF MARYLAND—	CERTIFICATE OF DEATH
1. PLACE OF DEATH	46-C)
County 1 Jallinois	Registration Dist. No.
Village or City 1000000000000000000000000000000000000	death occurred in a hospital or institution, give its NAME instead of street and number)
	ds. How long in U.S. if of foreign birth?
2. FULL NAME Louis P. Kno	x (not war velicen 4.50
(a) Residence: No. In ular avet Hele	wild. Ward. Towson ma
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED WIDOWED,	MEDICAL CERTIFICATE OF DEATH 21. DATE OF DEATH
OR DIVORCED (write the word)	July 101 1935
5a. If married, widowed, or divorced	(Year)
HUSBAND of Editte & Knox	22. I HEREBY CERTIFY, Thet I ettended deceased from, 19, to, 19, 19
5. DATE OF BIRTH (month, day, end year) 4, 9, 1866	I last saw h; death is said
7. AGE Years Months Days If LESS than	to heve occurred on the dete stated above, atm.
68 8 72 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importence were as follows:
8. Trade, profession, or perticular kind of work done, as SPINNER CREATURES (Returned)	heoplasm and
SAWYER, BDDKKEPER, etc	moderational tract Site 1932
SAW MILL, BANK, etc.	not known - malianant nea-
10. Date deceased last worked at this occupation (month and year)	plaam - Carcinama - of intestinal treate Firming
12. BERTHPLACE (city or town) Laureliele Md	Other Centributery Causes of importance: seat: In colon. Cuto.
(State or country)	
13. NAME Julius W. Knox	
14. BIRTHPLACE (city or town)	Name of operation Date of
(State or country)	What test confirmed diagnosis? What test confirmed en eulopsy?
15. MAIDEN NAME DA COLLEGE	23. If death was due to external causes (VIOL ENCE) fill in also the following:
16. BIRTHPLACE (city or town) (State or country)	Accident, suicide, or homicide?
Ed. 11 & 1)	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
17. INFORMANT (Address) Hullen RI + Ingles Only	openly whole many occurred in the sorter, in Howe, of instability fact.
18. BURIAL, CREMATION, OR REMOVAL	Manner of Injury
Place Date 19.3	Nature of Injury
19. UNDERTAKER LUM LOOOK	24. Wes disease of injury in any way related to occupation of deceased?
(Address) 7,7 St. Paul St	If so, specify
20. FILED // 1935 G. M. Bason Registrar	(Signed) M. D. (Address) Q. L. District, Ballo. Co.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

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Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis Chronic interstilial, nephritis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
12 2 2			
Other contributory causes of importance:	4	Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

A DEPTH ON A COLUMN TO DESTRUCT OF THE OWN THE
ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN
Da C H C A DE Consulting Will
De la
Frank C. Variation of Contract Contract
Absend date on For the consequence
The state of the s
Coment. Wifel con

STATE OF	MARYLAND—CERTIFICATE OF DEATH	
DEATH	(115:0)	

1. PLACE OF DEATH	07436
county Baltimore	Registration Dist. No.
Village or City Owings mills, Jud	No. Rosewood State Training School Ward
(16	death occurred in a hospital or institution, give its NAME instead of street and number)
Length of rasidanca In city or town where daath occurredyrs,mos	ds. How long in U.S. if of foreign birth?yrsmosds.
2. FULL NAME Richard S. Magar	ity
(a) Residence: No. 215 9. 29 th St.	A., Ward.
Baltimore (Usual place of abode) Wed	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (write the word)	21. DATE OF DEATH
3 sugle	(Month) (Dey) (Yeer)
5a. If marriad, widowed, or divorced HUSBAND of	22. I HEREBY CERTIFY, Thet I ettended deceased from
(or) WIFE of	July 26 1935 to July 30 1935
6. DATE OF BIRTH (month, day, and year) March 4,1926	Hat saw hain alive on July 30 0, 1935; death is seld
7. AGE Years Months Days If LESS than	to have occurred on the date stated above at 1:30 P. m.
9 4 26 1 dey,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance
01	were es follows:
8. Trade, profession, or particular kind of work done, as SPINNER, Survivate; Rosewood SAWYER, BOOKKEEPER, atc. States Training	Canto Manalago 7/20/20
9 9 Industry or business in which School O worms	The state of the s
work was done, as SILK MILL, mills	Tonselitio
10. Oate dacaasad last worked at this occupation (month and yaar)	
12. BIRTHPLACE (city or town) Baltimore, med '	Other Contributory Causes of importanca:
(Stata or country)	7/20/3
13. NAME milton J. S. magarity	unice ougranus
Ε	10-10
(State or country)	Name of operation Data of Data
c/ 0:11	Whet test confirmed diagnosis? Classcal. Wes there an autopsy? 20
I .	23. If death was due to external causes (VIOLENCE) fill in also the following:
16. BIRTHPLACE (city or town) Baltemost Williams (State or country)	Accident, suicide, or homicide?
O +++' O Prants Presented	Where did injury occur? (Specify city or town, county and State)
17. INFORMANT Melleller Const. Ourse	Specify whether injury occurred in INDUSTRY, In HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR, REMOVAL	
Place attenuone Empare Leigust 1931	Manner of injury
1 1 1 1 1	Nature of injury.
19. UNDERTAKER Joseph Sylen (Address) 1606 H. Month Ruce	24. Was disease or injury in any way related to occupation of daceased?
20 FUED July 3/ 1935 It willed	(Signed) George O. medacry M. D.
20. FILED 11, 19 28 Registrar.	(Addrass) Ohvings mills, and
If more blanks are needed, address State Registrar,	2411 N. Charles Street, Baltimore, Requestin V. S. No. 1.

V. S. No. 1 N. B.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Example 1	į į	Example II	
The principal cause of death and related causes of importance were as follows ECEIVE!	Date of onset	The principal cause of death and related causes of importance were as follows: Attack of epilepsy	Date of onset
Chronic interstitial nephritis 1105	1021	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
BUREAU V. S			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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nfor- state JPA-	STATE OF MARYLAND—	CERTIFICATE OF DEATH 07437
infor stat UPA	1. PLACE OF DEATH	9
M of the cook	County Baltimae	Registration Dist. No.
item of should of OCC	Village or City Lasser Point	NoSt.,Ward death occurred in a hospital or institution, give its NAME instead of street and number)
		ds. How long in U.S. if of foreign birth?yrsmosds.
ORD. Every PHYSICIANS Set statement	2. FULL NAME havers C martin	
J. E. E.	(a) Residence: No. 3 / 00 8.	St. Ward.
HYS.	(Usual place of shode)	If nonresident give city or town and State
E A	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
2 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -	Female White 5. SINGLE, MARRIED, WIDOWED, OR DIWORCED (write the word)	21. DATE OF DEATH July 28 (Month) (Day) (Year)
ING NEN CTL	5a. If married, widowed, or divorced HUSBAND of	
BINDIN FERMANJ EXAC y classific	(or) WIFE of	22. HEREDY CERTIFY, That I attended deceased from
N S X S	2.17/625	Wast saw here alive on July 22 19 35; death is said
FOR BI IS A PE stated E properly	6. DATE OF BIRTH (month, day, and year) May / / 93 5	to have occurred on the date stated ellowe, at 7
FOR B IS A PE stated E properly ertificate	7 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of Importance
F(IS sta pro	8. Trade, profession, or perticular	were as follows: Date of onset
HIS be be of of	kind of work done, es SPINNER, SAWYER, BOOKKEEPER, etc.	
	kind of work done, es SPINNER, SAWYER, BOOKKEFFER, etc. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Date deceased last worked at this occupation (month and	
VK-T should it may	SAW MILL, BANK, etc.	
INF INF E sh t it		
	year) occupetion	Other Contributory Causes of importance:
cti s C	(State or country)	
MAEGI UNFAI supplied.		1-23-3
41: hm C. W	13. NAME Edgar IR martin	
100	Y 14, BIRTHPLACE (city or town) Curroll Co (State or country) Va	Name of operation Date of
유무급.		What test confirmed diegnosis? Was there an autopsy?
	I That you was a second	23. If death was due to external causes (VIOLENCE) fill In also the following:
Car. Car. TH	O 16. BIRTHPLACE (city or town) (State or country)	Accident, suicide, or homicide?
Id be can DEATH y import	1 C.1 D & +1	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
PL. hould OF D	17. INFORMAND 2 Col gar K Martin	Specify whether chigary occurred in the boards, in home, or his debeto reads.
	18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
	Place Cake Lann Date July 29, 1935	Nature of injury
-WRITE mation s CAUSE TION is	TO HADEDTAKED ONLY OF DE	24. Was disease or injury in eny wey related to occupation of deceased?
Ro. 1	19. UNDERTAKER JOHN TN Grand	If so, specify
vi .	on suspelled 19 100 (Crestonne and has	(Signed) Joseph 6 Eldred M. D.
s z F	20. FILEOGRAPHY 1935 4 . 1 A CONTROL OF STATE OF	(Address) African Paul
	If more blanks are needed, address State Registrar,	2411 N. Charles Street, Balignore, Requesting U. S. No. 1.

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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis Pe	3 days ago
		3.00	
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
			1

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1. PLACE OF DEATH County. Saltware Sal	1		ST	ATE (OF MAR	YLAND-	CERTIFICATE OF DEATH	.30
Village or City. Courage Mulls No. Conserved State Present No. Conserved State Present No. Conserved State Present No. Conserved No. No. Conserved State Present No. No. Conserved State Present No. No. Conserved N		1. PLACE OF	DEATH	1	,	-	(5)	38
Length of residence in city or town share death occurred. (6. yr. 1. 5. mos. 2. f. d. 1. tow long in U. S. if of foreign birth? yrs. mos. 6s. 2. FULL NAME. John Prancis Inc. 2. f. d. 1. tow long in U. S. if of foreign birth? yrs. mos. 6s. PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4. COLOR OR RACE 5. SINCLE MARRIED, WHOWED 6. DAYDREEP-winch the word) 5. If HER EBY CERTIFY. That I attended decessed from this sequence of several causes of limportance were established over done as SPINER, SAWYER, BODNEEP-ER, etc. 1. Several		County	13a	llen	nore		Registration Dist. No. 33	
Length of residence in city or town there death occurred. O. yrs		Village or City	y 01	ving	o mil		No. Rosewood State Training Sofoo	€ Ward
2. FULL NAME (a) Residence: ND. Baltinum (Usualphic dabods) PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4. COLOR OR RACE 5. SINCLE MARRIED, WHOWAD 5. II Merried, widowed, or divorced (O) WIFE of 6. DATE OF BIRTH (month), day, and year) 7. AGE Veets Months Deys II LESS than to have cecured on the date stified above, \$1.5:30 g.m. For month, and the stified above, \$1.5:30 g.m. The PRINCIPAL CAUSE OF DEATH and releted causes of importance were es follows: Saw File Bollows File Relations and spent in this contraption (main hand society) 12. BIRTHPLACE (city or town). Baltinum Relations and spent in this contraption. (State or country) 13. NAME 14. BIRTHPLACE (city or town). Baltinum Relations and spent in this contraption. (State or country) 15. II MERCHALE (city or town). Baltinum Relations and spent in this contraption. (State or country) 15. II MERCHALE (city or town). Baltinum Relations and spent in this contraption. 16. Date of country) Whet test confirmed diagnosts? Clause of importance: 17. INFORMANT. According to the spent of		Length of reside	ence in city of	or town where	death occurred / C	s vrs 5 mos	f death occurred in a hospital or institution, give its NAME instead of street and t	number)
(a) Residence: ND. Ballings (Charles and Stace) PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4. COLOR OR RACE OR DAYORCED (S. SINGLE MARRITCD WIDDOWS) OR DAYORCED (which he word) Se. If merried, widowed, or diverced NISSAND of (Or) wife of Color of Part (Month), day, and year) 7. AGE Years Months Days 1. ILESS than 1. If year, min. The PRINCIPAL CAUSE OF DEATH and releted causes of Importance Selving and Stace The Color of Part and Stace The Color of Part (Month), day, and year) 103.5 104.5 105.5 106.5 107.5 108.1 109.5 109.				Online	-/			JS
PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4. COLOR OR RACE S. SINGLE, MARRIED, WIDOWED, OR. DALYORCED (write, the word) 5e. If meried, widowed, or divorced HUSBAND of Ground OF GR			1	Back		Sail		
3. SEX 4. COLOR OR RACE OR DAYORED Concept by Concept by Color of Color o	80000	(a) Nosidence	. ND			of abode)		State
OR-DLYORGED-twing the word) Se. If mearined, widowed, or divorced HUSAND of (Cr) vife of of (Cr) vire vire vire vire vire vire vire vire	-				ICAL PARTI	CULARS	MEDICAL CERTIFICATE OF DEATH	
Se. If merited, widowed, or divorced HUSBAID (PROPERTY Community) and year) June 27, 197 7. AGE Yeers Month's Deys If LESS than I day have been seen to be seen the seed to be seen to be seed to be seen to be	3.	SEX m					July 3	
E. DATE OF BIRTH (month, day, and year) June 27, 1997 7. AGE Yeers Months Deys If LESS than Idey, hrs or min. 8. Trede, profession, or particular Shirt of work done as SIM MILL. SAWER, BONKEPER, etc. 9. Industry or business in which SAW MILL BANK, etc. 11. Total time (yeers) spanlin linis occupellon (Stete or country) 22. If death was due to external causes of importance: Whet test confirmed diegnosis? Chance Was there en eutopsyn. Lini 23. Is MAIDEN NAME For Name 14. BIRTHPLACE (city or town) A substance Saw Mall Country Seed or country 15. Informant A substance Saw Mall Country Stete or country Stete or country The PRINCIPLA CUSE OF DEATH end releted causes of importance Status Spanlin linis occupellon Other Cestribatary Causes of importance: Whet test confirmed diegnosis? Chance Was there en eutopsyn. Lini 23. If death was due to external causes (VIOL ENCE) fill in elso the following: Accident, suicide, or homicide; Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. (Address) Specify whether injury in eny wey releted to occupetion of decessed? Manner of Injury Nature of injury Na	5e	HOSBAND OF	l, or divorce	d				Ciffers
7. AGE Yeers Months O G If LESS than 1 day				0		1919		, 1933
Steel or country State or country Stat				ra year,				; deeth is said
8. Trede, profession, or particular which work done as SPINNER Data of onest kind of work done as SPINNER Data of the spin of work done as SPINNER Data of the spin of work done as SPINNER Data of the spin of work done as SPINNER Data of the spin					1	1 dey,hrs.		
9. Industry or business in which work was done as SILK MILL, SAW MILL, BANK, etc. 10. Dete decessed last worked at this occupation (month and year) spant in this occupation (month and year) 12. BIRTHPLACE (city or town). Batternore has been been been been been been been bee	7		1		-2	0 .	were es follows:	Date of onset
SAW MILL, BANK, etc. 10. Dete deceased last worked at this occupation (month and year) 12. BIRTHPLACE (city or town) Baltenare Ma. (Stete or country) 13. NAME John Joseph Mc Cabe 14. BIRTHPLACE (city or town) Mesch Varyana Member of operation. 15. MAIDEN NAME 16. BIRTHPLACE (city or town) Phila Pa. (State or country) 17. INFDRMANT State or country) 18. BUBAL, CREMATION, OR SEMOVAN (Address) 19. UNDERTAKER 19. UNDERTAKER 20. FILED Phila Pa. 19.3 5 18 MISSIAN (Address) 20. FILED Phila Pa. 19.3 5 18 MISSIAN (Address) 20. FILED Phila Pa. 19.3 5 18 MISSIAN (Address) 11. Trible time (yeers) span in this occupation of deceased? M. Other Costribatory Causes of importance: 12. Ditter Costribatory Causes of importance: 13. NAME Philadely Cabe Neme of operation. Neme of operation. Neme of operation. Neme of operation. Whet test confirmed diagnosis? Climate Was there en eutopsy? M. Whet test confirmed diagnosis? Climate Was there en eutopsy? M. Whet test confirmed diagnosis? Climate Was there en eutopsy? M. Sacident, suicide, or homicide? 23. If death was due to external ceuses (VIOL ENCE) fill in elso the following: Accident, suicide, or homicide? Date of Injury. Where did injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE. Manner of Injury. Nature of injury in eny wey releted to occupation of deceased? 15. Ospecify (Signed) 16. Signed) 17. INFORMANT Problem	0	kind of wor SAWYER, B	k done, es : DDKKEEPER	SPINNER, SetcSe		Modernood	C1+ C1210'	
12. BIRTHPLACE (city or town) Baltimore Md. 13. NAME John Joseph we Cabe 14. BIRTHPLACE (city or town) Meet Varyonia (State or country) 15. MAIDEN NAME 16. BIRTHPLACE (city or town) Phila Park (State or country) 17. INFORMANT Scale or country 18. BUHAL CREMATIN, OR REMOVER 19. UNDERTAKER A Scale or country 19. Undertaker (Address) Park (Addre	J.P.A	9. Industry or but	siness in whone, es SIL	MILL, Se	hool ; O.	intego	Italus Epileplicus	6/27/3
12. BIRTHPLACE (city or town) Baltimore Med. (Stete or country) 13. NAME John Joseph Inc Cake 14. BIRTHPLACE (city or town) Head Varjance Whet test confirmed diagnosis? Church Was there en eutopsy? Whet test confirmed diagnosis? Church Was there en eutopsy? Whet test confirmed diagnosis? Church Was there en eutopsy? Whet test confirmed diagnosis? Church Was there en eutopsy? Whet test confirmed diagnosis? Church Was there en eutopsy? Whet test confirmed diagnosis? Church Was there en eutopsy? Whet test confirmed diagnosis? Church Was there en eutopsy? Whet test confirmed diagnosis? Church Was there en eutopsy? Whete did injury occur? 15. BIRTHPLACE (city or town) Phila Park Park Philade Park Park Park Park Park Park Park Park	S.	10 Dete deceased	last worked	at	II. Totel ti	me (veers)		-4
13. NAME John Intelligence 14. BIRTHPLACE (city or town) Meet Varyania 15. MAIDEN NAME 16. BIRTHPLACE (city or town) Meet Varyania 16. BIRTHPLACE (city or town) Meet Varyania 17. INFDRMANT State or country 18. BULLIL CREMATION, OR SEMONAS 19. BULLIL CREMATION, OR SEMONA	0	this occupat	tion (month	and	span	t in this		
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Whet test confirmed diagnosis? Was there en eutopsy? Line 15. MAIDEN NAME 16. BIRTHPLACE (city or town) Phila Pa (State or country) 17. INFDRMANT Partitutional Reaction (Address) Secure of State of Country (Address) Secure of Country (Country of Country	2		Julian	0-0	10 \	10-10		
Whet test confirmed diagnosis? Was there en eutopsy? Line 15. MAIDEN NAME 16. BIRTHPLACE (city or town) Phila Pa (State or country) 17. INFDRMANT Partitutional Reaction (Address) Secure of State of Country (Address) Secure of Country (Country of Country	THE	1		Pail	an ruc	· · ·		
15. MAIDEN NAME 16. BIRTHPLACE (city or town). Phila. Pa. Cistate or country) 17. INFDRMANT Destributional Records (Address) School State following: Accident, suicide, or homicide? Date of Injury. Specify city or town, county and State) 18. BULLAL CREMATION, OR REMOVAL Date AULY S (Address) School State following: Accident, suicide, or homicide? Date of Injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE. 19. UNDERTAKER A Language of injury in eny wey releted to occupetion of deceased? Nature of injury. 24. Wes disease or injury in eny wey releted to occupetion of deceased? If so, specify (Signed) Signed M. D. (Address) Davings Mills M. D. (Address) Davings Mills M. D.	FA				et Vin	grown	PO in a co	cone.
Where did injury occur? 17. INFDRMANT (Address) Sector State Specify whether injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE. Specify whether injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE. Manner of Injury Nature of injury (Address) Nature of injury in eny wey releted to occupetion of deceased? 18. BULLAL CREMATION, OR SEMOVAN (Address) Specify whether injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE. Manner of Injury Nature of injury (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE. 18. BULLAL CREMATION, OR SEMOVAN (Address) Manner of Injury Nature of injury (Signed) (Signed) (Signed) M. D. (Address) M. D. (Address)	ER	15. MAIDEN NAME		Eva A	lemer	1	The state of the s	
17. INFORMANT School State Issuering (Address) School Our private Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. 18. BUBLAL CREMATION, OR REMOVAN Manner of Injury Nature of injury 19. UNDERTAKER A School Our private Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. 18. BUBLAL CREMATION, OR REMOVAN Nature of injury Nature of injury 19. UNDERTAKER A School Our private Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. 18. BUBLAL CREMATION, OR REMOVAN NATURE SPECIFICATION OF INDUSTRY, in HOME, or in PUBLIC PLACE. 18. BUBLAL CREMATION, OR REMOVAN NATURE SPECIFICATION OF INDUSTRY, in HOME, or in PUBLIC PLACE. 19. Whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. 18. BUBLAL CREMATION, OR REMOVAN NATURE SPECIFICATION OF INDUSTRY, in HOME, or in PUBLIC PLACE. 19. Was disease or injury in eny wey releted to occupetion of deceased? 19. UNDERTAKER A SCHOOL OF INDUSTRY, in HOME, or in PUBLIC PLACE. 19. Was disease or injury in eny wey releted to occupetion of deceased? 19. UNDERTAKER A SCHOOL OF INDUSTRY, in HOME, or in PUBLIC PLACE. 19. Was disease or injury in eny wey releted to occupetion of deceased? 19. UNDERTAKER A SCHOOL OF INDUSTRY, in HOME, or in PUBLIC PLACE. 19. Was disease or injury in eny wey releted to occupetion of deceased? 19. UNDERTAKER A SCHOOL OF INDUSTRY, in HOME, or in PUBLIC PLACE. 19. Was disease or injury in eny wey releted to occupetion of deceased? 19. UNDERTAKER A SCHOOL OF INDUSTRY, in HOME, or in PUBLIC PLACE. 19. Was disease or injury in eny wey releted to occupetion of deceased? 19. Was disease or injury in eny wey releted to occupetion of deceased? 19. Was disease or injury in eny wey releted to occupetion of deceased? 19. Was disease or injury in eny wey releted to occupe in Industry in English in Industry in Industry in	MOTH		,	Phi	la , o	Oa,	Accident, suicide, or homicide? Date of Injury	
18. BULLAL CREMATION, OR REMOVAN 19. UNDERTAKER (Address) 20. FILED July 3 , 19 3 5 15 MSBush Registrar. (Address)	-	Dra	stite	ition	al Reco	rdo.	(Specify city or town gownty and State)
19. UNDERTAKER (Addiess) 20. FILED July 3, 19 3 5 14 MSBush Registrar. Manner of Injury Nature of injury 24. Wes disease or injury in eny wey releted to occupetion of deceased? (Signed) (Address) (Address) (Address) Manner of Injury Nature of injury (Signed) (Signed) (Address) (Address) (Address) (Address)	17.		School	d-Sta	ite - tra	of the D.	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLA	CE.
19. UNDERTAKER 2 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	18.	BULLAL, CREMATION	N, OR REMA	Stall A	Date Kull	15,1935		
20. FILED July 3, 19 3 5 15 MSRed (Signed) George C. Medary M. D. Registrar. (Address) Dwings Mills Medary	19.		AN	246	noth	all	24. Wes disease or injury in eny wey releted to occupetion of deceased?	210
Registrar. (Address) Dwings mill med	20.	710	3 19 7	55 1	om the	Ju Ju		M. D.
		0 0					(Address) Dwings miles, h	Selen

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example 1	i	Example II	
The principal cause of death and related causes of importance were as follows: CEIVED	Date of onset	The principal cause of death and related causes of importance were as follows: Attack of epilepsy	Date of onset 1 week ago
Chronic interstitial nephrilis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
il mideni v. s.			
Other contributory causes of importance:	-	Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

The CAUSE OF DEATH * was as follows: (Duration) ... mos.....ds the Disrase Causing Death, or, in deaths from state (1) Means of Injury and (2) whether 18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans-In the State vrs.....mos.... If more banks are needed, addross State Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(If death occurred in a hospital or institu-

tion, give its NAME instend of street and

number.)



(Approved by U. S. Census and American Public Health Association.

or given up on account of the DISEASE CAUSING INATHbusiness, that fact may be indicated thus; Farmer to tired 6 yrs). For persons who have no occupation work, household only (not paid Housekeepers who receive a definite salary), may be entered as Housewife, House Spinner, (b) Cotton mill; (a) Solesmon. (b) Grocery. (a) Foreman, (b) Automobile factory. The material should be used only when needed. As examples: c additional line is provided for the latter statement; it fulness of various pursuits can be known. The queswhatever, write None. Housemuid, etc. If the occupation has been change gaged in domestic service for wages, as Servant Lock to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken en at home, who are engaged in the duties of the taborer er," etc., without more precise specification as Day worked on may form part of the second statement. Never return 'Laborer," "Forcman," "Manager," "Dealnature of the business or sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Civil engineer, Stationary Jireman, et . But in many Physician, Compositor, Architect, Locomolive engineer the first line will be sufficient, e g.. Farmer or Planter, tion applies to each and every person, irrespective of cupation is very important, so that the relative health Statement of Occupation -- Precise statement of ocor At Home, and children, For many occupations a single word or term on Farm laborer, Laborerindustry, and therefore an -Coal mine, etc. not gainfully empeant Wom-

Statement of Cause of Death—Name, first, the prix EASE CAUSING DEATH (the primary affection with respect to time and causaton), using always the same accepted ed term for the same disease. E-amples: *Cerebroshing fever* (the only definite synenym is "Upidemic cerebroshinal meningitis"); *Diphtheria (avoid use of "Croupsepinal meningitis"); *Diphtheria (avoid use of "Pneumonia"; *Lohar pneumonia Bronchapmenmonia "Pneumonia."; *Pneumonia."

"Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease ks fracture of skull, and consequences (e.g., serwis, danus) may be stated under the head of "contributory" and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, State cause for which surgical operation was underdiseases resulting from childbirth or miscarriage can be ascertained as the cause. Always qualify all 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomapproved by carbolic acid-probably smeide. The nature of the injury, accident; Revolver wound of head-homicide; Poixer ed by or as probably such, if impossible to determine definitely "PUERPERAL seplicaemia," "PUERPERAL peritonilis," clc. causing death), 29 ds.; Bronchopneumonia (secondary), stated unless important. (secondary or intercurrent) affection need not be Chronic interstitial nephritis, use of "Tumor" for malignant neoplasms); Messles; (name origin; "Cancer" is less definite; avoid Examples: Accidental drowning; Struck by railway train Whooping cough, inges, peritonaeum, etc., Carcinoma, Sarcoma,, etc., of unqualified, is indefinite); Tuberculosis of lungs, men-Recommendations on statement of cause of merican Medical Association.) "Atrophy," "Collapse." "Coma," "Convulsions," FOR VIOLENT DEATHS State MEANS OF INJURY Committee on Nomenclature of the Chronic vulvular heart disease; Example: Measles (disease etc. The contributory

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TION is very important. See instructions on back of certificate.

STATE O	MARYL	_AND-CE	RTIFICAT	E OF	DEATH
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1, PLACE OF DEATH	17490		
County Babtimore	Registration Dist. No. 38		
Village or City Int Washington	No. St., Ward (If death occurred in a hospital or institution, give its NAME instead of street and number)		
	osds. How long in U.S. If of foreign birth?yrsmosds.		
(a) Residence: No. Int has Aug trans Ind (Usuai place of abode)	St., Ward. If nonresident give city or town and State		
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH		
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) To dond	21. DATE OF DEATH July 12 (Month) (Day) (Year)		
5a. If married, widowed, or divorced			
HUSBAND of (or) WIFE of alexander In Cathon	22. HEREBY CERTIFY That I attended deceased from		
6. DATE OF BIRTH (month, day, end year) July set 1857	1 last saw h.c. alive on July 12 1921 1921 1921 death is said		
7. AGE Years Month's Days If LESS than 1 day,hr	to have occurred on the date stated above, at		
ormin.	The PRINCIPAL CAUSE OF DEATH and related ceuses of importance were as follows:		
8. Trede, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEFPER, etc.	Central apopliny. Short		
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc 10. Date deceased last worked at this occupation (month and	1961		
10 Date deceased last worked at this occupation (month and year) occupation occupation occupation occupation occupation	-7		
12. BIRTHPLACE (city or town) Balti an, mid (State or country)	Other Cuatributory Causes of Importance:		
	- Anterial Stypertenion. glast 10		
T	year		
1 (State or country)	Name of operation Date of (History) What test confirmed diagnosis? (1) Was there an autopsy? The		
15. MAIDEN NAME Rachel Colf	23. If death was due to external causes (VIOLENCE) fill in also the following:		
15. MAIDEN NAME Nachel Calf 16. BIRTHPLACE (city or town) Politi mon, Mal (Stete or country)	Accident, suicide, or homicide?		
17. INFORMANT Grace Culelin Carly	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE.		
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury		
Place Landon Sark Date July 15, 1933	Nature of Injury		
19. UNDERTAKER John Jr. J.	24. Was disease or injury In any way related to occupation of deceased?		
20. srefuly 17 35 fl month and Registrar.	(Signed) M. Dahny M. D. (Address) Thurton, ml		
If more blanks are needed, address State Registra	17, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.		

V. S. No. 1

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done, 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

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Example I		Example II		
The principal cause of death and related causes of importance were as follows: Arteriosclerosis RECEIVE	1. 19	The principal cause of death and related causes of importance were as follows: Attack of epilepsy	Date of onset	
Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5,1927	Perilonitis	3 days ago	
RUPEAU V.				
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

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MARGIN RESERVED

STATE OF MARYLAND—	CERTIFICATE OF DEATH 07491
1. PLACE OF DEATH	P6-2)
County Dald	Registration Dist. No. 30
Village or City Cathanall	No Apres Tree Habs Ward
(If	death occurred in a horpital or institution, give its NAME instead of street and number)
Length of residence in city or town where deeth occurredyrs,mos.	1.3 ds. How long in U.S. if of foreign birth?
2. FULL NAME Clice 11 - June	
(a) Residence: No. (Usual place of abode)	St., Marde If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED,	21. DATE OF DEATH?
OR DIVORCED (write, the word)	July 9" 1935
5e. If married, widowed, or divorced	(Month) / (Day) (Year)
HUSBAND OF COPELIS C. ME Gaire	1 HEREBY CERTIFY, Thet I attended decessed from
6. DATE OF BIRTH (month, dey, and year) Well 10/1878	I lest sew h 27 elive on Aug 9 1937; death Is seld
7. AGE Years Months Deys f LESS then	to have occurred on the dete steted above, at 3 Pm.
57 3 2/ 1day,hrs.	The PRINCIPAL CAUSE OF DEATH and releted causes of Importance were as follows:
9 Tanda a official as against les	Patient was many, and much disturbed
6. Hede, profession, or pertudent kind of work done, as SPINNER.	Druche Treumana 2days
Industry or business in which work wes done, as SILK MILL, SAW MILL, BANK, etc	Sheppons put in a "neutral pack" as a hyperstice.
SAW MILL, BANK, etc. 10. Date decessed lest worked at this occupation (month end spent in this spent in this	Traduce of Clarele Vodas
this occupation (month end spent in this occupation 2014	The rolled off fell from the pock tables frontuning
0 30 60 0	Other Contributory Causes of importance: Lex clavicle. Quell.
12. BIRTHPLACE (city or town) v. (Stete or country)	na Deple
0 00	Manc- Nyouswellen 2000
E 130 101	
14. BIRTHPLACE (city or town) (Stete or country)	Name of operation Date of Was there an autopsy?
15. MAIDEN NAME	What test confirmed diagnosis? Was there an autopsy? 23. If deeth wes due to externel ceuses (VIDLENCE) fill In elso the following:
I S DIDTURI ACT (Altreston)	Accident, suicide, or homicide? Accident. Date of injury
16. BIRTHPLACE (city or town)	Where did injury occur? Catoneville, Baltimore County, manfand.
17. INFORMANT Mus alice hunthy	(Specify city or town, county and State) Specify whether injury occurred In INDUSTRY, In HOME, or in PUBLIC PLACE.
(Address) Cap to Character M.	in Apring Grave Hospital.
18. BURIAL, CREMATION, OR REMOVAL	Menner of injury accidentally fell rolled from pack table.
Place Place 184	Nature of injury fractured clavicles
19. UNDERTAKER And the Hanlon	24. Wes diseese or injury in eny wey releted to occupetion of deceased? 225
(Address) frash 100	If so, specify A
20, FILED 7/9/ 19 Held live	(Signed LUOT " Z " JANEET M. D.
35 (Qual / Registrar.	(Address)

If more blanks are reeded, address hate Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

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Example I	Į.	Example II	
The principal cause of death and related causes of importance were as follows: GEIVEI		The principal cause of death and related causes of importance were as follows:	Date of onset
Arterioscierosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis ALLS 9 165	1921	Run over by street car	1 week ago
Cerebral hemorrhage BUREAU V S.	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance: Gallstones	May 1,1923	Other contributory causes of importance: Gastroenteritis	1 year

The state of the s	L SPACE FOR FURTHER STATEMENTS BY PHYSICIAN
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V. S. No. 1

OCCUPA-

STATE OF MARYLAND—	CERTIFICATE OF DEATH 3		
1. PLACE OF DEATH	92-00)		
County Soldinose	Registration Dist. No. 3/		
Village or City Hebbyile	No. Windsor mill Rol St., Ward death occurred in a hospital or institution, give its NAME instead of street and number)		
Length of residence In city or town where death occurred / 2_yrsmos	ds. How long in U.S. if of foreign birth?yrsmosds.		
2. FULL NAME Lesrge Edward McMe	L If U.S. Veteran specify WAR		
(a) Residence: No. Who Mean (Usual place of abode)	' St., Ward. If nonresideal give city or town and State		
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH		
3. SEX 4. COLOR OR RACE OR DIVORCED (write the word) Marking Marking	21. DATE OF DEATH (Month) (Day) (Year)		
5a. If married, widowad, or divorced HUSBANO of (or) WIFE of Amelia Bertha Melleit	22. I HEREBY CERTIFY, That I attended deceased from 19, 19, 19, 19		
6. DATE OF BIRTH (month, day, and year) Aug 28 1872	I last saw h alive on, 19; death Is said		
7. AGE Years Months Oays If LESS than	to have occurred on the date stated above, at 2 130 m.		
62 62 11 26 1day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:		
8 Trade profession or particular	antowic Talvular Oate of onset		
a Industry or husiness in which	neart alsease,		
SAW MILL, BANK, etc. Courself from	acate dilate		
D 1D. Date deceased last worked at this occupation (month and 1919 11. Total time (years) spent in this	a tion		
year) occupation	Dther Contributory Causes of Importance:		
12. BIRTHPLACE (city or town)			
(Stata or country) Dollar Cely			
13. NAME Geverley Alexander McTei			
14. BIRTHPLACE (city or town)	Name of oparation Date of		
(State of country) Carry, Orca,	What test confirmed diagnosis? Was there an autopsy?		
15. MAIOEN NAME Inne Un Knows	3. If death was due to axternal causes (VIOLENCE) fill In also the following:		
[16. BIRTHPLACE (city or town)	Accident, suicide, or homicide? Oate of Injury, 19		
(Stata or country)	Where did injury occur? (Specify city or town, county and State)		
17. INFORMANT Amelia B. THelleit (Address) Woodlawn md	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.		
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury		
Place Thad La Wn Oate July 27, 1930	Nature of injury		
19. UNDERTAKER Frank Hit Reguell.	24. Was disease or injury in any way related to occupation of deceased? ???		
20. FILED uly 26, 735 m n. Buf feer Registrar.	(Signed)M. Dele Jownseind No (Address) Nav Laces town, Md		
If more blanks are needed, address State Registrar,	2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.		

07409

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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9.—The industry or business in which the work was done.

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11.—The number of years the deceased followed the occupation.

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Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

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	Example I	1	Example II	
The principal cause of of importance were as f	death and related causes ollows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	SECEIVED	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephrit		1921	Run over by street car	1 week ago
Cercbral hemorrhage	Mie B 1800	July 5,1927	Peritonitis	3 days ago
	BUREAU V. S.			
Other contributory caus	es of importance:		Other contributory causes of importance:	
Gallstones		May 1,1923	Gastroenteritis	1 year

STATE OF MARYLAND-CERTIFICATE OF DEATH OCCUPA 1. PLACE OF DEATH County Baldemore Registration Dist. No Village or City (If death occurred in a horpital or institution, give its NAME instead of street and number) Length of residence In city or town where death occurrad... How long in U.S. If of foreign birth?_____yrs.____mos.____ds. PHYSI (a) Residence: No. (Usual place of abode) If nonresident give city or town and State PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3. SEX 4. COLOR OR RACE 21. DATE OF DEATH S. SINGLE, MARRIEO, WIDOWEO. OR OIVORCEO (write the word) Sugale 5a. If married, widowed, or divorced **HUSBANO** of I HEREBY CERTIFY, That I attended deceased from (or) WIFE of 1935 to July 10 July 27-1852 6. DATE OF BIRTH (month, day, and year) properly 7. AGE to have occurred on the date stated above, at 9.30 A. m. Months If LESS than f day,hrs. Tha PRINCIPAL CAUSE OF OEATH and related causes of Importance or____min. Oate of onset 8. Trade, profession, or particular kind of work dona, as SPINNER. RESERVED Teacher SAWYER, BOOKKEEPER, atc. may 9. Industry or business In which plnods work was done, as SILK MILL. SAW MILL, BANK, etc ... 10. Date deceased last worked at 11. Total time (years) this occupation (month and spent in this that occupation. Other Contributory Causes of Importanca (State or country) HER f3. NAME FAT f4. BIRTHPLACE (city or town Name of operation_____ (State or country) efully What test confirmed diagnosis? ----- Was there an autopsy? auces Schulle MOTHER 23. If death was due to external causes (VIOL ENCE) fill In also the following: Accident, suicide, or homicide? _____ Date of injury ____ f9 OF DEATH f6. BIRTHPLACE (city or town) (Stata or country) Whera did Injury occur?. (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. plnods f7. INFORMANT (Address) **f8. BURIAL, CREMATION, OR** Manner of injus CAUSE LION Nature of Injury 19. UNDERTAKER (Address) If so, specify (Signed) Registrar.

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BINDING

MARGIN

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Date of onset	of importance were as follows:	Date of onset
1915		
	Attack of epilepsy	1 week ago
1921	Run over by street car	1 week ago
uly 5,1927	Peritonitis	3 days ago
	Other contributory causes of importance:	
1ay 1,1923	Gastroenteritis	1 year
	uly 5 ,1927	Other contributory causes of importance:

	ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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Ex	ample I		Example II	
The principal cause of dear of importance were as follow	th and related causes	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	AUG A 1935	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	AUG 6 1304	1931	Run over by street car	1 week ago
Cerebral hemorrhage	BI REAU V.	July 5 1927	Peritonitis	3 days ago
Other contributory causes	of importance:		Other contributory causes of importance:	1 1 1 1 1 1
Gallstones		May 1,1923	Gastroenteritis	1 year

TION is very important. See instructions on back of certificate.

STATE OF MARYLAND—	CERTIFICATE OF DEATH 07495
1. PLACE OF DEATH	(120)
County Baltingre	Registration Dist. No. 30
Village or City Spring Grane Kasp. Catous	wilke, M. R. St., Ward
Length of residence in city or town where deeth occurred	death occurred in a horpital or institution, give its NAME instead of street and number) Ods. How long in U.S. if of foreign birth? yrs. mos. ds.
0 5 1 11 0 1	1
2. FULL NAME MAS Estella Michael	Carrille Mad.
(a) Residence: No. Animateul Hall Halp. Wy.	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5, SINGLE, MARRIED, WIDOWED.	21. DATE OF DEATH
OR DIVORCED (write the word)	July # 193 5
5e. H married, widowed, or divorced	(Month) (Day) (Year)
(ar) HIFE of milbur michaels dead	22 HEREBY CERTIFY. Thet I ettended deceased from 1935 to Aug. 4 1935
6. DATE OF BIRTH (month, day, end year) Dec 14-18-95	
7. AGE Yeers Months Deys If LESS than	to heve occurred on the dete steted above, at 14 Aim.
29 6 20 1 dey,hrs.	The PRINCIPAL CAUSE OF DEATH and releted causes of importance
ormin,	were as follows:
8 Trade, profession, or perticular kind of work done, es SPINNER, SAWYER, BODKKEEPER, etc	acute Calitis Charles
9. Industry or business in which work was done, as SILK MILL, MULL SAW MILL, BANK, etc	(non Stient)
11. Total time (years) this occupation (month and 935 spent in this occupation occupation occupation	The state of the s
12. BIRTHPLACE (city or town) Chrisfield, Md. (State or country)	Definition of importance: Psychosis 75/35
13. NAME John H. Ward	
14. BIRTHOPLACE (city or town) (State or country)	Name of operation
15. MAIDEN NAME Margaret Nelson 16. BIRTHPLACE (city or town)	23. If death was due to external causes (VIOLENCE) fill in elso the following:
6 16. BIRTHPLACE (city or town)	Accident, suicide, or homicide? 200 Dete of injury 19
S (State or country) Hed.	Where did injury occur?
17. INFORMANTED Warguret Wolyste - daughter (Address) Union Memorial Harl	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manual Indiana
Plece Christisled Indate July 6 1935	Manner of injury Manue
2.50 = 1	Nature of injury 12 0 12 12 12 12 12 12 12 12 12 12 12 12 12
19. UNDERTAKER A. J. July	24. Was disease or injury in any way related to occupation of deceased?
(Address) North 10g	If so, specify
20, FILED 197 - Klandren	(Signed) Umes Ataley M. D.

If more blank ar sold and the State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

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Example I	1	Example II	
The principal cause of death and related causes of importance were as follows: EIVED Arteriosclerosis	Date of onset	The principal cause of death and related causes of importance were as follows: Attack of epilepsy	Date of onset 1 week ago
Chronic interstitial nephritis AUG 2 1935	1921	Run over by street car	1 week ago
Cerebral hemorrhage AUG 2 1555	July 5, 1927	Peritonitis	3 days ago
BUREAU V. S.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL S	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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4 21 407 07 274711	07930
1. PLACE OF DEATH	93-2
County Od III ORE	Registration Dist. No.
	ND. A WO O D A U.S.L., Ward If death occurred in a hospital or institution, give its NAME instead of street and number)
9	ds. How long in U.S. if of foreign birth?
2. FULL NAME O AMUEL	Mosburg
(a) Residence: No. Ren Wood AW (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED ("write the word) 1. COLOR OF RACE OR DIVORCED ("write the word)	21. DATE OF DEATH
58. If married, widowed, or divorced HUSBAND of	
(or) HITE of fild May Mosburg.	22. I HEREBY CERTIFY. That I attended deceased from
DATE OF BIRTH (month, day, and year) Narch 2-1863	liast saw h seemelive on Cepts 15 , 1936; death is sai
AGE Years Months Days If LESS than	to have occurred on the date stated above, at
70 4 14 1day,hrs	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
8. Trade, profession, or particular kind of work done, as SPINNER, 21 Builder	Acres lines (Int. Sol. 160
* *	De color Corners 10 years 193
B. Industry or business in which work was done, as SILK MILL, Ballo. YOH!O. R. A. SAW MILL, BANK, etc 11. Total time (years) 11. Total time (years)	De 10
11. Total time (years) this occupation (month and year)	
12. BIRTHPLACE (city or town) LGISSIN ORC.	Other Coutributory Causes of importance:
(State or country) Maryland.	- Christie En; Chronic. Jane 19
13. NAME Her hur temp Mosbur 14. BIRTHPLACE (city or town) Baltum or Re	9
14. BIRTHPLACE (city or town) BOITIMORE	Name of operation
(State of country) Maril Ad Na	What test confirmed diagnosis? Clim Head Was there an autopsy?
15. MAIDEN NAME // Jyth J Lee	23. If death was due to external causes (VIOLENCE) fill in also the following:
15. MAIDEN NAME NZYTHI LOE 16. BIRTHPLACE (city or town) TOZITION ORC	Accident, suicide, or homicide2
(State or country) NTIV/2Nd.	Where did injury occur? (Specify city or town, county and State)
(Address) Keenwood are. Calousul	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Place A OU GON 121K. Date VULY 6/1930	Nature of injury
19. UNDERTAKED & B. Septent +Son	24. Was disease or injury in any way related to occupation of deceased? 200
20. FILED 7/7 , 19.) All Sundre	(Signed) Ruge of towell M. C
Registrar.	(Address) Selver ville

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Example I Example II The principal cause of death and related causes | Date of onset The principal cause of death and related causes Date of onset of importance were as follows: of importance were as follows: Arteriosclerosis 1915 Attack of emlepsu 1 week ago Chronic interstitial nephritis 1921 Run over by street ear 1 week ago Cerebral hemorrhage July 5,1927 Peritonilis 3 days ago Other contributory causes of importance: Other contributory causes of importance: Gallstones Way 1.1923 Gastroenteritis 1 year

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U	4	i	9	6

1. PLACE OF DEATH .	23
County Baltimore	Registration Dist. No. 3
Village or City Ouring Smills, and (If Length of residence In city or town where deeth occurred 16 yrs, 5 mos	No. Roservold State Training Select Ward death occurred in a hospital or institution, give its NAME institution of street and number) 18 ds. How long In U. S. if of foreign birth? yrs. mos. ds.
2. FULL NAME minnie myers	
(a) Residence: No. 104 d. Cathartre St.	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX Versale 4. COLOR OR RACE OR DIVORCED (write the word)	21. DATE OF DEATH (Month) (Day) (Yeer)
5e. If marriod, widowed, or divorced HUSBAND of (or) WIFE of	22. HEREBY CERTIFY, Thet I attended decessed from about 24 1935 to July 18 1935
6. DATE OF BIRTH (month, day, and yeer) Oct 26, 1910	I last sawh er alive on July 48 1,19 35; death is said
7. AGE Yeers Months Days If LESS than	to have occurred on the dete stated ebove et 11: 30 P. m.
24 8 22 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related ceuses of importance were es follows:
8. Trede, profession, or perticular kind of work done, es SPINNER, Santale Reserved Salver, Bookketper, etc.	
kind of work done, es SPINNER, State Thuring School SAWYER, BOOKKEEPER, etc. State Thuring School Jindustry or business in which work wes done, es SILK MILL, Owings Wills, Jud SAW MILL, BANK, etc.	Oulmonary Interculoses Hupman
10 Date deceesed last worked at this occupetion (month end yeer)	4
12. BIRTHPLACE (city or town) Hogerstown Jud.	Other Contributory Causes of Importence:
(Stete or country) (Stete or country) (Stete or country) (Stete or country)	Interculous Enteriles 6/20/35
13. NAME Ralph myers 14. BIRTHPLACE (city or town) Revease (State or country)	Name of operation Dete of 200 What test confirmed diagnosis? Clinical Was there en eutopsy? 200
15. MAIDEN NAME & La mandelslein 16. BIRTHPLACE (city or town) Russel (State or country)	23. If death was due to externel ceuses (VIOLENCE) fill in elso the following: Accident, suicide, or homicide?
17. INFORMANT Institutional Records; Rosewood (Address) State Training School, owings mill	Where did injury occur?(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
Place Lagers forces on the July 25	Manner of injury
19. UNDERTAKER Thed With wars (Addiess) Lagerstonian Ma	24. Was disease or injury In eny way related to occupation of deceased?
20, FILED July 18, 19.35 VYSSAR Registrar.	(Signed) George Condany M.D. (Address) Slowing wills, and.

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Chronic interstitial nephritis ECEIVED	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance: Gallstones	May 1,1923	Other contributory causes of importance: Gastroenteritis	1 year

Jo statement Exact classified. FOR BINDIN × properly MARGIN RESERVED may it that in plain carefully -WRITE

V. S. No.

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STATE OF MARYLAND—CERTIFICATE OF DEATH state OCCUPA. 1. PLACE OF DEATH County Registration Dist. No. Village or City Length of residence in city or town where death occurred 2. FULL NAME (a) Residence: No. Usual place of abode) PERSONAL AND STATISTICAL PARTICULARS 3. SEX SINGLE, MARRIED, WIDOWED. 5a. If married, widowed, or divor-HUSBANO of (or) WIFE of certificate 6. DATE OF BIRTH (month, day, and year) 7. AGE Years Months If LESS thanhrs. or min. 8. Trade, profession, or particular CUPATION kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc..... jo back Industry or business in which work was done, as SILK MILL. SAW MILL, BANK, etc Date deceased last worked at on 11. Total time (years) spent in this this occopation (month and occupation instructions 12. BIRTHPLACE (city or town) (State or country) FATHER 13. NAME See 14. BIRTHPLACE (bity or (State or country) MOTHER is very important. 15. MAIOEN NAME CAUSE OF DEATH 16. BIRTHPLACE (city or town) (State or country) 17. INFORMANT (Address) 18. BURIAL, CREMATION, OR REMOVAL mation LION 19. UNOERTAKER (Address) Registrar.

No	-,-,,,,,	-,	St.,	Ward
	d in a hospital or institu How long in U.S. if (
03.	now long in c.o.n	or roleign bittii: _	yis	mosus.
St.,	Ward.			
			ent give city or town	
		ERTIFICA	TE OF DEATH	
1. DAT	E OF DEATH	7	8	4-
		(Month)	(Day)	(Year)
2. Jm			FY, That I attend	
Jm	····	, 1935 to	July 8	1980.
I last saw h	alive on	my	, 19.3	D_; death is sald
	curred on the date state	11	m,	
The PRINC were as fo	CIPAL CAUSE OF DEAT	TH and related ca	auses of importance	Oate of onset
	6			Cate of offset
1	relupo	Lelu	vzis	

Other Cont	tributory Causes of imp	ortanea:		
Other Com	disputery Causes of hisp	J. J.	1	
	Corma	us En	stelesm	
		1		
Name of a			0-1-	
Name of o		10	Oate of	
	confirmed diagnosis?	17 17 1		
	was due to external ca			
Accident, s	sulcide, or homicide?		Date of injury	, 19
Where did	injury occur?	(Specify city	or town, county and	State
Specify wh	ether injury occurred i	n INDUSTRY, in	HOME, or in PUBLIC	PLACE.
Manner of	injury			
Nature of i	njury			
4. Was disc	ease or injury in any v	vay related to occ	cupation of deceased?	no
If so, spec		00		
	ed) /3 m	Shum	autus?	M, D,
,	(Address)	Olai	he hot	,

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in abswer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write present the occupation was the occupation where the occupation was the occupation where the occupation was t

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Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example ¶ ,	Chort.	Example II	
The principal cause of death and related causes of importance were as follows: Arterioselerosis	Date of onset	The principal cause of death and related causes of importance were as follows: Attack of epilepsy	Date of onset 1 week ago
Chronic interstitial nephritis	1921	Attack of epilepsy	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis CCST G JOH	3 days ago
		2011	
Other contributory causes of importance: Gallstones	May 1,1923	Other contributory causes of importance: Gastroenteritis	1 year
Special Comments			

V. S. No. 1

STATE OF MARYLAND—CERTIFICATE O	F DE	EATH
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0	1000	1	0	3
U	6	4	J	4)

1. PLACE OF DEATH				3	2
County	County Baltimore			Registation Dist ewood	Taba
	Village or City Owings Mills (If c			ND. Reisterstown Road St., deeth occurred in a hospital or institution, give its NAME instead of street and	Nard number)
	E George		0	St. Ward.	
(a) Residence	: No.Reisters	(Usual place	of abode) Rose	St., Ward. WOOD lane If nonresident give city or town on	d State
PERSONA	L AND STATIST	ICAL PARTI	CULARS	MEDICAL CERTIFICATE OF DEATH	
3. SEX male	4. COLOR OR RACE white	OR DIVORCE	RIED, WIDOWED, D (write the word) OWED.	July 25.1935 (Month)	, 193 (Year) ·
5a. If marriod, widowed, or divorced HUSBAND of (or) WIFE of Mary Gwinn				22. I HEREBY CERTIFY, That I ettended August 11 134 to July 25	d deceased from
6. DATE OF BIRTH (m	nonth, day, and year) Te	nw 31 1	860		; death is said
7. AGE Years		Days 25	If LESS than 1 day,hrs. ormin.	to have occurred on the date stated above, at 2 P • m. The PRINCIPAL CAUSE OF DEATH and related causes of importence were as follows:	Date of onset
kind of wo SAWYER, I	work was done as SH K MILL			Chronic Interstitial Nephritis	?
10. Date deceased this occupa	, BANK, etc	spa	ime (years) nt in this upation		
	12. BIRTHPLACE (city or town) Fred Co Md (State or country)			Other Contributory Canses of importance: Arterial Hypertension Arterio-sclerosis	?
置 13. NAME John W. Page					
13. NAME 14. BIRTHPLACE (State or c	(city or town)	0	Co. Va.	Name of operation None Date of What test confirmed diagnosis? Clinical Was there an	
置 15. MAIDEN NAM	置 15. MAIDEN NAME Ellen West			23. If death was due to external causes (VIOLENCE) fill in also the following	ng:
15. MAIDEN NAME Ellen West 16. BIRTHPLACE (city or town)				Accident, suicide, or homicide? Date of injury Where did injury occur? (Specify city or town, county and St	
(Address) Ot	Eliza B.P.			Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC P	LACE.
18. BURIAL, CREMATI	on, or removal Thomas Cem	Tr note Tan I	77 27 /3031	Manner of injury	
	Thomas, O.M.	Litalio	Of The	Nature of Injury 24. Was disease or injury in any wey related to occupation of deceased?	
19. UNDERTAKER (Address)	1900 Eutaw		4	If so, specify	
20. FILED JULY	26, 1935	Dr. E	C. E. Nicho Registrar.	(Signed) Pikesville, Md.	M. D.

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ne principal cause of death and related causes importance were as follows: lack of epilepsy on over by street car ritonitis	Date of onset 1 week ago 1 week ago 3 days ago
n over by street car	
ritonitis ,	3 days ago
her contributory causes of importance:	1 year

Registrat

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

(Address)

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Example I	-17	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	
H BUREAU			3 3
the same and the same are			
Other contributory causes of importance:	= ====	Other contributory causes of importance:	
Gallstones .	May 1,1923	Gastroenteritis	1 year

(If death occurred in a hospital or institu-tion, give its NAME 11-stead of street and

(Year)

.mos......de.

deaths from (2) Whether

tended the deceased from

assified

on back

nstructions

99

importan

OF MOTHER

(Informant)

15

Filed

(State or Country)

(Address)

WRITE

20

No.

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/ .	a familiar			07501
PLACI	E OF DEATH			STATE OF MARYLAND
County	Baltimore			CERTIFICATE OF DEATH
		9 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	(82-0)	Registration Dist. No. 38
Villaga av Cit	Raspbergh.	/N		
				St.: Ward) (If death occurs a hospital or in tion, give its NAM
2FU	JLL NAME Free	derick William	Pretzsch.	notawar Munimber.
PERSO	NAL AND STATIST	ICAL PARTICULARS	MED	ICAL CERTIFICATE OF DEATH
3 SEX	4 COLOR OR RACE	MARRIED,	16 DATE OF DEAT	Tuly 19th. 1935. , 192
male	white	OR DIVORCEDIDOWED (Write the word)		1019 19611. 1955: , 192
6 DATE OF BI	RTH	(write the word)	177 LHERE	(Month) (Day) (Yes EBY CERTIFY, That J attended the deceased
	Nov. 221	nd. 1853.	July 17	1920 S. to July 19, 1
	(Month)	(Day) (Year)	that I hat saw be	malive on folles / 19, 19
AGE		[If LESS than	and that death occ	curred on the date stated above, at 3. 30
81	7 - Vrs.	mos. 27 ds. or min.	. The CAUSE OF DE	EATH * was as follows:
OCCUPATION	V			
(a) I rade, proposition particular kir	rofession or Ind of work	Blacksmith	1/2/	
(b) General r	nature of industry			
which employ	establishment in yed or (employer)	selr		(Duration) yrs mos
BIRTHPLACE	ountry) Baltin		Contributory Secondary	Crewia Francis
1 10 NAME O		10101	10/	(Duration) yrs mos
FATHER		W. Pretzsch.	(Signed)	3. Vittle
OF FATH	1 mlm		N	23 (Address) 5/V. T. Neghla
	r country) Gre	many	*State the Violent Causes,	Disease Causing Death, or, in deaths frestate (1) Means of Injury and (2) Wheth all or Homicidal.
12 MAIDEN	TIME	known		al or Homicidal. RESIDENCE (For Hospitals, Institutions, 7
12 PIRTUR	LACE		ients or Recent	

Gremany

Eleanora Collins.

Jefferson St.

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

E.

itals, Institutions, Trans-

In the State yrs. mos... At place of deathyrs.......mos......ds. Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL Schwartz 20 UNDERTAKER

andon

If more branks are needed, address State Registrar, 16 W. Saratoga St., Balto. Requesting V. S. No. 1.

Registrar

(Approved by U. S. Census and American Public Health Association.)

cupation is very important, so that the relative healthsary to know (a) the kind of work and also (b) the the first line will be sufficient, e.g., Farmer or Planter. tion applies to each and every person, irrespective of fulness of various pursuits can be known. The ques-Statement of Occupation-Precise statement of ocdefinite salary), may be entered as Housewife, Housework, or At Home, and children, not gainfully employed, as At school, or At home. Care should be taken to report specifically the occupations of persons ener," etc., without more precise speciments. Wom-laborer, Farm laborer, Laborer—Coal mine, etc. Wom-en at home, who are engaged in the duties of the Spinner, (b) Cotton mill; (a) Salesman, should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an cases, especially in industrial employments, it is neces-Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, tired 6 yrs). For persons who have no occupation state occupation at beginning of illness. If retired Housemaid, etc. If the occupation has been charged or given up on account of the DISEASE CAUSING DEATH. gaged in domestic service for wages, as Servant, Contract worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealwhatever, write None. business, that fact may be indicated thus; Farmer household only (not paid Housekeepers who receive a Foreman, For many occupations a single word or term on (b) Automobile factory. The material Locomotive engineer. 6 Grocery, THOU (78m)

Statement of Cause of Death—Name, first, the DIS-BALE AUSING DEATH (the primary affection with respect to time and causation), using always the same acceptded term for the same disease. Examples: Cerebrospand fever (the only definite synonym is "Epidemic cere bespinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

bermanently filed.

vered in detail, it will prevent further correspondence. All the is essential and must be obtained before the certificate is

(Recommendations on statement of cause of death Approved by Committee on Nomenclature American Medical Association.) If this certificate is looked over thoroughly and all qu stions stated unless important. Example: Measles (disease unqualified, is indefinite); Tuberculosis of lungs, menaccident; Revolver wound of head-homicide; Poisoned by "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. "Inanition," "Marasmus," "UID Age, Snock, "Uraemia," "Weakness," etc., when a definite disease tions; such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), (secondary or intercurrent) use of "Tumor" for malignant neoplasms); Measles, (name origin; "Cancer" is less definite; avoid as fracture of skull, and consequences (e.g., sepsis, and qualify as ACCIDENTAL, SUICIDAL OF HONIGIDAL, or as *probably* such, if impossible to determine definitely. State cause for which surgical operation was underdiseases can be ascertained as the cause. "E:haustion," "Debility" Whooping Examples: Accidental drowning; Struck by railway traintaken. FOR VIOLENT DEATHS state MEANS OF INJU., Y ambolic acid-probably suicide. The n ture of the injury, "Atrophy," "Collapse," "Coma," "Convulsions, peritonaeum, etc., Carcinoma, Sarcoma, etc., of Never report mere symptoms or terminal condiinterstitial nephritis, resulting from childbirth or miscarriage as cough; ("Congenital," "Senile," etc.), "Dropsy," on," "Heart failure," "Ilaemorrhage," Chronic valvular heart etc. The contributory affection need Always qualify all disease, not be

FOR BINDING

MARGIN RESERVED

V. S. No. 1

STATE OF MARYLAND—	CERTIFICATE OF DEATH 07502
1. PLACE OF DEATH	22
County Dollewie	Registration Dist. No. 33
Village or City Rustustown ent Plea	and the season of
(If	death occurred in a horpital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurradyrsmos.	How long in U.S. if of foreign birth?yrsmosds.
2. FULL NAME Sudore Ita	chowov
(a) Residence: No. 2 3 6 S. Vallicam Pr. C	eust, Ward. Balleme led.
(Usual place of abode) PERSONAL AND STATISTICAL PARTICULARS	If nonresident give city or town and State
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED.	21. DATE OF DEATH
resele while OR DIVORCED (write the word)	Library of Death Land
5a. If marriad, widowed, or divorced	(Month) (Day) (Yaar)
HUSBAND of (or) WIFE of	22. O I HEREBY CERTIFY, Thet I ettanded decaased from
A 00 1010	1934, to tef 1 1931
6. DATE OF BIRTH (month, day, and yaer) July 30, 1902	I last saw hand alive on 1927; death is said
7. AGE Years Months Days If LESS than 1 day,	to have occurred on the date stated above, at 9.14 Zh.
Ormin,	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
Trade, profassion, or particular kind of work done, as SPINNER, Chauffeur	Date of onset
SAWYER, BOOKKEEPER, etc.	Prelimony Sutacitàs Jay 1934
work was dona, as SILK MILL,	
10. Data daceesed last worked at this occupation (month and year) 17. Total time (years) spent in this 14 occupation	
year) - 22 - 1934 spent in this 144	
12. BIRTHPLACE (city or town) RUSSIG.	Other Contributory Causes of Importance:
(State or country)	
13. NAME atraham Rachamor.	
14. BIRTHPLACE (city or town)	Name of operation Date of
(Stata or country)	What test confirmed diagnosis? All leses Was there an autopsy? 240
15. MAIDEN NAME Each, Treduis	23. II death wes due to external causes (VIOLENCE) fill in also the following:
16. BIRTHPLACE (city or town) Russed	Accident, suicide, or homicide? Date of injury, 19
(State or country)	Where did injury occur?
17. INFORMANT Isalve Ranhaum (decessed)	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE.
(Address) 236 & Partiam PR are Bally 18. BURIAL, CREMATION OR REMOVAL	
Prace A CAMPAL Date 7 - 3 19	Manner of injury
then to	Nature of injury
19. UNDERTAKER	24. Wes disaase or injury in any way related to occupation of dacaased?
(Addiess) / 43 9 6 1 1 1 1 1 1	If so, specify
20. FILED JULY 8, 19,525 J Fruster	(Signad) M. D.
If more blanks are needed, address State Registrar.	(Addrass) Clock Street Religions Brown St. C. N.

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Other contributory causes of importance:	505		
	V Q .	Other contributory causes of importance:	
Gallstones BUREAU	May 1, 1923	Gastroenteritis	1 year

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Chronic interstitial nephritis		1921	Run over by street car	1 week ago
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	BUREAU V.	S.		
Other contributory causes	f importance:		Other contributory causes of importance:	
Gallstones		May 1,1923	Gastroenteritis	1 year

STATE OF MARYLAND—CERTIFICATE OCCUPA 1. PLACE OF DEATH should County_ Registration Dist. No. item Village or City (If death occurred in a hospital or institution, give its NAME instead of street and number) PHYSICIANS Length of residence in city or town where death occurred How long in U.S. if of foreign birth? (a) Residence: No. if nonresident give city or town and State PERSONAL AND STATISTICAL MEDICAL CERTIFICATE OF DEATH 3. SEX 4. COLOR OR RACE 5, SINGLE, MARRIED, WIDOWED, 21. DATE-OF DEATH OR DIVORCED (morite the word) (Day) BINDING 5a. If married, widowad, or divorced HUSBAND of 22. CERTIEN That A attendad deceased from (or) WIFE of 6. DATE OF BIRTH (month, day, and year) certificate. properly 7. AGE Months Days If LESS than FOR to have occurred on tha data stated above. 1 day, hrs. The PRINCIPAL CAUSE OF DEATH and related causes of importance or min. were as follows: Data of onset Trada, profession, or particular CCUPATION RESERVED kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc., may back Industry or business in which work was dona, as SILK MILL. pluods SAW MILL, BANK, etc ... 10. Date decaasad last worked at this occupation (month and 11. Total time (years) spent in this that occupation _____ instructions Other Contributory Causes of Importance: MARGIN 12. BIRTHPLACE (city or town) (State or country) FATHER See 14. BIRTHPLACE (city or town) Name of operation in plain (State or country) efully What test confirmed diagnosis?_____ Was thera an autopsy?____ MOTHER important. 15. MAIDEN NAME 23. If death was due to external causes (VIOLENCE) fill in also the following: Accident, suicida, or homicide?______ Date of Injury______ 19__ CAUSE OF DEATH 16. BIRTHPLACE (city or town) (Stata or country) Where did injury occur?___. should be (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, In HOME, or in PUBLIC PLACE. 18. BURIAL, CREMATION, OR REMOVA -Manner of injury ---- Data. LION Natura of Injury 24. Was diseasa or injury In any way ralated to occupation of deceased? 19. UNDERTAKER (Address) Ballo h If so, specify (Signed) Registrar. If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

3/36 Harford Roll

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Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephrilis AMC 8 1900	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
BUREAU V. S			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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V. S. No. 1

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STATE OF MARYLAND-	-CERTIFICATE OF DEATH
1/ PLACE OF DEATH	56)
County Balto	Registration Dist. No. 38
/ Village or City Parkvilla	No. Rader avest, Ward
AND A STATE OF THE PARTY OF THE	(If death occurred in a hospital or institution, give its NAME instead of street and number) osds. How long in U.S. if of foreign birth?yrsmosds.
2 FILL NAME Dolores R. Recia	If U.S. Veteran specify WAR
(a) Residence: No. Redu ava	St. Ward. Parker'lla
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH Tuly 14th, 193 5 (Month) (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of	22. LHEREBY CERTIFY. That Lattended deceased from
(or) WIFE of	July 13 1935 to July 14 1935
6. DATE OF BIRTH (month, day, and year) Take 12 1 1931	I last saw hel alive on July 14, 1935; death is said
7. AGE Years Months Days IT LESS than	to have occurred on the date stated above, et 3 a.m.
4 6 2 1 day,hi	The PRINCIPAL CAUSE OF DEATH end related causes of importance were as follows:
8. Trade, profession, or particular kind of work done, as SPINNER.	Date of wheel
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc	- Weste regumstic Lever 7/11/35
work was done, as SILK MILL, SAW MILL, BANK, etc.	with blood-sham
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9.Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Date deceased last worked at this occupation (month end year) year) 11. Total time (years) spent in this occupation	sufellion
Belto.	Other Contributory Causes of Importance:
12. BIRTHPLACE (city or town)	acute cardia dilatatio 7/14/2
13. NAME Otis O. Revis	- Les Controlles Valentina - 1:11s
14. BIRTHPLACE (city or town) aske ville	Name of operation Date of
(State of country)	What test confirmed diagnosis? Clarical Was there an autopsy? The
15. MAIDEN NAME Florence Carboro 16. BIRTHPLACE (city or town) Southern Pines	23. If death was due to external causes (VIOL ENCE) fill in also the following:
5 16. BIRTHPLACE (city or town) Southern Pines	Accident, suicide, or nomicide?
(State of Country)	Where did injury occur? (Specify city or town, county and State)
17. INFORMANT Otis O Rivis (Address) Rader Our Parker'lle	Specify whether Injury occurred in INDUSTRY, In HOME, or In PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Menner of injury
Place Moreland harpete trely 16/2 19	Nature of Injury
19. UNDERTAKER JAM, Co odko	24. Was disease or Injury In any way related to occupation of deceased?
(Address) 1219 St Paul St	If so, specify A. M. Bocom M. D.
20. FILED 7/14, 1930 (1-111- Sacon Registrar.	(Signed) farseville M.D. (Address)

layer lion

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12 Bacon

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Example I	li i	Example II	1 2 8
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Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
1 5 3			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
1 X			

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

2

OCCUPA-

Village or City

2. FULL NAME

3. SEX

7. AGE

OCCUPATION

FATHER

MOTHER

LION

m

Male

(a) Residence: No.

5a. If married, widowed, or divorced HU3BAND of (or) WIFE of

6. DATE OF BIRTH (month, day, and year)

8. Trade, profession, or perticular kind of work dona, as SPINNER, SAWYER, BOOKKEEPER, etc.____

Industry of business in which work was done, as SILK MILL

this occupation (month end

SAW MILL, BANK, etc ...

10. Data daceased last worked at

13. NAME Valentine

14. BIRTHPLACE (city or town)

(State or country)

16. BIRTHPLACE (city or town).

18. BURIAL, CREMATION, OR REMOVAL

(Stata or country)

12. BIRTHPLACE (city or town) ...

(Stata or country)

15. MAIDEN NAME

17. INFORMANT

19. UNDERTAKER (Address)

(Address)

Yeers

PERSONAL AND STATISTICAL PARTICULARS

Months

0

July

Baltimore

Marvland

Rye

New

Rebecca Aitken

Aitken Reynolds

Bristol Road.

4. COLOR OR RACE

White

If LESS than

Stonlei

or____min.

5. SINGLE, MARRIED, WIDOWED. OR DIVORCED (write the word)

Single

Days

20

None

11. Total time (yaars) spant in this

DeWitt C. Reynolds

York

Baltimore

Maryland

35

Registration Dist. No.

No.	St.,	Ward
death occurred in a hospital or institution, give its I. ———— ds. How long in U.S. If of foreign birt		
	n/yrsmo	sds.
Ct Word		
St., Ward.	sident give city or town and	State
MEDICAL CERTIFIC		Diate
21. DATE OF DEATH	ATE OF BEATT	
21. DATE OF BEATH	1. 31	
(Month)	(Day)	, 193 (Year)
CAT'		
22. HEREBY CERT	IFY, That I atlended	deceased from
	, and askey Bl.	, 1935
I last saw h _ last alive on	lu 31 ho35	: death is sald
to have occurred on the date stated above, at	1111	,
The PRINCIPAL CAUSE OF DEATH and releted		
were as follows:	1 causes of importance	Date of onset
Charoller.		57.30135
Chambe tolde at	Fro Moderit	119/20
Ma Tail on Similar	sua 1. espannes	020
MILLEN TORKE	DE 9	1730
	~~~~	
Other Contributory Causes of importance:		
70 P		
Name of operation	Date of	
What test confirmed diagnosis?	Was thera an a	ulopsy2/20
23. If death was due to external causes (VIOLEN		
Accident, suicide, or homicide?	Date of injury	, 19
Where did injury occur?	3	
Specify whether injury occurred in iNDUSTRY,	city or town, county and State in HOME, or in PUBLIC PLA	ICE.
h		
Manage of Latina	*	
Menner of injury		
Nature of injury		

24. Was disease or Injury In any way related to occupation of deceased?

Hall

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

If so, specify

(Address) _

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Example I	4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4	Example II	
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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
COREAU V. S.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

M	H UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-	should state	in terms, so that it may be properly classified. Exact statement of OCCUPA.	
	CORD. Every	PHYSICIANS	ct statement	
DING	IANENT REC	ACTLY. H	ssified. Exa	
FOR BIN	S IS A PERM	stated EX	properly cla	Contification
ESERVED	INK-THIS	JE should be	nat it may be	to the land
MARGIN RESERVED FOR BINDING	H UNFADING	supplied. At	in terms, so th	Can inchassations on Last at south Cast

STATE OF MARYLAND—CERTIFICATE OF DEATH 1. PLACE OF DEATH County Registration Dist. No. (If death occurred in a hospital or institution, give its NAME instead of street and number) Length of residence in city or town where death occurred How long In U.S. If of foreign birth?______vrs._____mos.____ds. (a) Residence: No. / (Usual place of abode) If nonresident give city or town and State PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3. SEX 4. COLOR OR RACE. 5. SINGLE, MARRIED, WIDOWED. 21. DATE OF DEATH OR DIVORCED (qurite tha word) (Day) (Year) 5a. If married, widowed, or divorced HUSBAND of I HEREBY CERTIEY. That I attanded deceased from (or) WIFE of 6. DATE OF BIRTH (month, day, end year) 7. AGE Years Months Davs If NESS than -hrs. The PRINCIPAL CAUSE OF DEATH and related causes of importance --- min. wara as follows: Date of enset 8. Trade, profession, or perticular LION kind of work done, es SPINNER, SAWYER, BOOKKEEPER, etc. 9 Industry or business In which work was dona, as SILK MILL, SAW MILL, BANK, etc ... 10. Date decaased last worked et this occupetion (month and 11. Totel tima (years) spent in this year) ..... occupation ___ Othar Contributory Causes of Importance: 12. BIRTHPLACE (city or town) (Stete or country) FATHER 13. NAME 14. BIRTHPLACE (city or town) (State or country) What test confirmed diagnosis?_____ Was there an autopsy?___ should be carefully MOTHER very important. 15. MAIDEN NAMI 23. If daath was due to extarnel ceuses (VIOL ENCE) fill in also the following: OF DEATH Accidant, suicide, or homicida?______ Date of Injury______ 19_____ 16. BIRTHPLACE (city or town) (State or country) Whera did injury occur? ___. (Specify city or town, county and State) Specify whether Injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE, 17. INFORMANT (Address) 18. BURIAL, CREMATION, OR REMOVAL Mannar of injury CAUSE LION Natura of injury. 19. UNDERTAKENT 24. Was disaesa or injury in any wey related to occupation of deceased? (Address) If so, spacify egistrar. If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Regnesting U. S. No. 1.

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Example I	li li	Example II	
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Arteriosclerosis   REUL	1915	Attack of epilepsy	1 week ago
Chronic interstitial rephritis a 1935	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
BUREAU V. S.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

of OCCUPA-

# STATE OF MARYLAND—CERTIFICATE OF DEATH

1. PLAC	E OF DEAT				(23)	7508
County					Registration Dist. No	V3
	or City_Ras				No. St.,	d number)
			ouis Roth			.11103
					Raspeburg, Ward. R.F.D., Baltimore, Md.	16.
PERS	SONAL AN	D STATIST	ICAL PART		MEDICAL CERTIFICATE OF DEATH	
3. SEX Male	4. COLO	R OR RACE	5. SINGLE, MAI	RRIED, WIDOWED, ED (write the word) ingle	21. DATE OF DEATH July 25	, 193 5
5a. If merriad,	widowad, or divo	rced	1 0	1118 10	(Month) (Day)	(Year)
(or) WIFE	of				22. I HEREBY CERTIFY, That I attend Apr. 28 1933 to July 25,	ed deceesed from
6. DATE OF BI	IRTH (month, day	, end year) Jai	n. 15, 18	88	1 103t 30W II CIIVE UII	35; deeth is sald
7. AGE 47	Yaars	Months 6	Days 10	If LESS than  1 day,hrs.  ormin.	to have occurrad on tha date stated above, at 3:30P. m.  The PRINCIPAL CAUSE OF DEATH end ralatad causes of importanca ware as follows:	
Z 8. kade,	profassion, or pe	rticular as SPINNER	Printer			Dete of onset
SA SA	WYER, BOOKKEE	PER, atc	TLIMOGL		Pulmonary Tuberculosis	Many
No SA  10. Date of this year  12. BIRTHPLAG	rk was done, es S W MILL, BANK, e lecaesad last wor's s occupation (mon ar)	ILK MILL, As: tc. kad at Ran th and Apr . 1	933 spa	oreman in inting shop ima (years) intin this 25yrs upation	Other Contributory Causes of Importenca:	years
		McC. Ro	th			
14. BIRTHI	PLACE (city or to	Ni-ser V.			Name of oparation Date of	
15, MAIDE	N NAME Anr	na Barban	ra Bebus		What test confirmed diegnosis?	
16. BIRTHI	PLACE (city or too ate or country)	Baltin			23. If daath was due to axtarnal ceuses (VIOLENCE) fill in also tha follow Accident, suicide, or homicide? Date of injury Where did injury occur?	
17. INFORMAN		st Roth & Hazel	wood Ave	S.,	(Specify city or town, county and S Specify whather injury occurred in INDUSTRY, in HOME, or in PUBLIC	tate) PLACE.
	Baltima	0	Dete Ju	L 29,1935	Mannar of injury	
19. UNDERTAK (Addres	ER Phill ss) 2016	y Oslea	my St	ng	24. Was disease or Injury In any way related to occupation of dacaesed?  If so, specify	No
20. FILED 7	126/35,1	9 - 5, 4	· Int	Registrar.	(Signad) (Address) 5713 Belair Rd., Baltin	nson M.D. more; Md.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

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Chronic interstitial neghritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	uly 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

1. PLACE OF DEATH	97509
county Baltamore	Registration Dist. No.
Village or City Than ow Point	No. 8 20 F St., Ward
Length of residance In city or town where death occurred 32 yrs.	(If death occurred in a hospital or institution, give its NAME instead of street and number)
2. FULL NAME Bessie of Ca	muels
(a) Residence: No. 820 F (Usual place of abode)	St., Ward.  If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDO OR DIVORCED (write the	werd, word)  21. DATE OF DEATH  (Month)  (Day)  (Year)
5a. If married, widowed, or divorced	
(or) WIFE of George B Januel	22. I HEREBY CERTIFY, That I attended deceased from
m.+ 19 181	l last saw h & alive on July 14 19 35 death is said
6. DATE OF BIRTH (month, day, and year)  7. AGE Years   Months   Days   If LESS	130
52 8 15 1 day,	hrs. The PRINCIPAL CAUSE OF DEATH and related causes of importance
8 Trade profession or particular	min. wera as follows: Date of onset
kind of work dona, as SPINNER, SAWYER, BOOKKEEPER, atc.  9 Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.	Rheumatic Cardiovasculas
9 Industry or business in which	Disease . 25 yrs
work was done, as SILK MILL, SAW MILL, BANK, etc	acute Cardiac Decompensation 4 month
11. Total tima (years) this occupation (month and year) year)	Pulmonary Infarction 24 hrs
T) at	Other Contributory Causes of Importance:
12. BIRTHPLACE (city or town) Ballimus (State or country)	
I 13. NAME Robert 1. H. Tate	
II Is. NAME Nover gift, Tale	0,
14. BIRTHPLACE (city or town) Baltimus (Stata or country)	Name of operation Mo Date of Date of
	What test confirmed diagnosis? Mys. Cal Sig 200. Was there an au'opsy?
T CANDIDE CO	23. If death was due to external causes (VIOLENCE) fill in also The following:
16. BIRTHPLACE (city or town) & an caster Co (State or country) Va	Accident, suicide, or homloide?
17. INFORMANTANO Emance I Tate  (Address) , 8 20 = 5+	Where did injury occur?  (Specify city or town, county and State)  Specify whether Injury occurred in INDUSTRY, In HOME, or in PUBLIC PLACE.
18. BURIAT, CREMOTION, OR REMOVAL	Manner of injury
Place / Sestem Com Date & Leey 17	19.3.2. Nature of injury
John F. Donnan	24. Was disease or injury in any way related to occupation of deceased?
19. UNDERTAKER (Address)	If so, specify
20, FILED July 15, 1935/1/10 Jam 4()	VD (Signed) J. Horrard Burns M. D
	istrar. (Address) / 59 Dundalk Clvc

V. S. No. 1

2

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example 1		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis To CEIV	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritts	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Blinkell			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

#### ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

2

S. No.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Reduesting

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Example I	11	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis R = 1995	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis B 1933	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July5,1927	Peritonitis	3 days ago
- Contract of the Contract of			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
	1		

ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN

V. S. No. 1

1	. PLACE O	F DEA	TH			(2)
	County	Bal	timore			Registration Dist. No. 38
	Village or C	ity	Towson			No. 403 Central Ave. St. Warr
	Landh of see	dance to of				deeth occurred in a hospital or institution, give its NAME instead of street and number)
			ty or town where o		yrsmos	ds. How long in U.S. if of foreign birth?
2	. FULL NA		LOUIS	THEODO		LER / Nota War Villeraus
	(a) Residen	ce: No	403 Cen	tral Ave		
-	PERSON	AL AN	D STATIST	(Usual place of		If nonresident give city or town and State  MEDICAL CERTIFICATE OF DEATH
3. 3	SEX	1	R OR RACE	5. SINGLE, MARI		21. DATE OF DEATH
	Male	Wh	ite	OR DIVORCED	(qurite the word)	July 27,1935
	If merried, widow	ed, or divo	rced			July . (Month) 2 (Oay) (Year) 3
	HUSBANO of (or) WIFE of	Son	hie Sch	uppel Se	eidler	22.   I HEREBY CERTIFY That I ettended deceased from
		- CP		uppuz ot	72.02.02	January 27 1934, to July 27, 1923
-	DATE OF BIRTH		1	ec.25.18		I Jost saw h was elive on fully 27th, 19.35; death is said
7. 1	AGE Yea	rs 55	Months	Days 2	If LESS then 1 day,hrs.	to have occurred on the date stated above, at 11.80 m.
-0		00	1	۵	ormin.	The PRINCIPAL CAUSE OF DEATH and raleted ceuses of Importance were as follows:
NO.	8. Trade, profes	ork done,	as SPINNER Ca.	ble Fore	eman	Po
B	9. Industry or	business in	which	0 5 5 5		Jumonary reverculosso Jus. 19
5	SAW MIL	done, as S L, BANK, e	etc	.& P.Tel	<b>s</b> phone	Cardian Hypertrophy
0	10. Oate decaasa	pation (mor	ked at	11. Total tip	me (yaars) t in this 32	frug fan s
	year)		oan, 135	- occu	pation OC	Other Contributory Causes of importance:
12.	BIRTHPLACE (cit		Balti			1 7
œ	(Stata or coun		Maryla	iam Seid	17 07	Gardiae d'aclure July 24
FATHER			9		rier	/.
FAT	14. BIRTHPLACE	(city or to	wn) Ger	many		Name of operation
~						What test confirmed diagnosis? Was there an europsy?
MOTHER	15. MAIOEN NAI		ophie I	ue		23. If death was due to external causes (VIOLENCE) fill In also the following:
MO	16. BIRTHPLACE (State or		wn) German	n v		Accident, suicide, or homicide?
-			o Seidle			Where did injury occur? (Specify city or town, county and Stete)
17.	(Address)			al Ave.	Towson	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18.	BURIAL, CREMAT	ION, OR R	EMOVAL			Manner of injury
	Wagala	wn C	emetery	Oate July	30,1,935	Neture of injury
HE	NRY SAN	DER	& SONS.	INC.	11.1	24. Was disease or Injury in any way related to occupation of deceased? 200
19.	(Adğıess)	Balt	imore &	Broadwa	V	If so, specify
20	FILED Laly	29.	35 0	TU B	Par	(Signed) To heart A: Turk vm)p
20.			4.5.	/ /	Registrar.	(Address) 3/2/6 Hastoralla

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1. 1000. O 31

STATE OF MARYLAND—CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	1	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitiat nephratis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
Can le la do			
Other contributory causes of importance:	1	Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

#### ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

2

BINDING

FOR

MARGIN RESERVED

1. PLACE OF

STATE OF MARYLAND— Ballimore	CERTIFICATE OF DEATH  85  Registration Dist. No.
nce in city or town where deeth occurred 14 yrs. 7 mos.  IE John Willard Server	No. Rosewood State Training Section Ward death occurred in a hospital or institution, give its NAME instead of street and number)  18 ds. How long In U.S. if of foreign birth? yrs. mos. ds.
: No. Children's aid Society Baltimore (Usual place of abode) and	St., Ward.  If nonresident give city or town and State
L AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
4. COLOR OR RACE  White  S. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write tha word)	21. DATE OF DEATH  July 27 193 5  (Month) (Dey) (Year)
, or divorced	22 I HERERY CERTIES That I would be

County Village or City Length of reside 2. FULL NAM (a) Residence PERSONA 3. SEX 5a. If merried, widoward HUSBAND of 6. DATE OF BIRTH (month, dev. and veer) 7. AGE Years Months Davs If LESS then to have occurred on the date stated above 1 day .....hrs. The PRINCIPAL CAUSE OF DEATH and related causes of Importance 10 or .... min. were as follows: Date of onset 8. Trade, profession, or perticular OCCUPATION kind of work dona, es SPINNER SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work wes dona, as SILK MILL, SAW MILL, BANK, etc. 10. Data deceased test worked et 11. Total time (years) this occupation (month and occupetion _. 12. BIRTHPLACE (city or town) (State or country) FATHER 13. NAME 14. BIRTHPLACE (city or town) (State or country) Whet test confirmed diagnosis? MOTHER 15. MAIDEN NAME 23. If deeth wes due to externel causes (VIOLENCE) fill in also the following: 16. BIRTHPLACE (city or town Accidant, suicide, or homicida?__ (State or country Where did injury occur?. (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, In HOME, or in PUBLIC PLACE (Address) Menner of injury 24. Was diseesa or injury in any releted to occupetion of deceased? 19. UNDERTAKER (Address) If so, specify (Signed) 20, FILED. Registrar. If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

S. No. 1

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Chronic interstitial nephrilis 5 1 3	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
BUREAU V. S			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

PHYSICIANS should state

Exact statement of OCCUPA.

properly classified.

CAUSE OF DEATH in plain terms, so that it may be

TION is very important.

certificate.

See instructions on back of

STATE OF MARTLAND	CERTIFICATE OF DEATH
1. PLACE OF DEATH	820
County Ballemore	Registration Dist. No.
Village or City Ease(	No. St., Ward feath occurred in a horpital of institution, give its NAME instead of street and number)
	ds. How long In U.S. If of foreign birth?yrsmosds,
2. FULL NAME (ungusters &) Sha	MAR
1	in the day was a conse
(a) Residence: No. Pot Sey (Usual place of abode)	St., Ward.  If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (write the word)  5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH July 17 193 1
5a. If married, widowed, or divorced	(Month) (Day) (Year)
HUSBAND of Elizabeth Shannon	22. J. I HEREBY CERTIFY, Than I attended deceased from
6. DATE OF BIRTH (month, day, end year) Sec. 9-1857	Hast saw haven aliva on July 193 deeth is said
7. AGE Years Months Days If LESS than	to have occurred on the date state dabove, at 912 m.
7 8 7 P 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importence
8. Trade, profession, or particular	were as follows:
kind of work done, as SPINNER, Letured SAWYER, BOOKKEEPER, etc.	( anelyst Kemonthers 41/31
Andustry or business in which	
work wes done, es SILK MILL, Talour	
To Date deceased last worked at this occupation (month and year) occupation (month and year)	7 27
Dalto	Other Coutributory Causes of importance:
(State or country)	
13. NAME Theodore Shannon	
13. NAME / heodore Shannon  14. BIRTHPLACE (city or town). Salls	Name of operation Date of
(State or country)	What test confirmed diagnosis? Clar Yanda Was there an autopsy to
15. MAIDEN NAME CINCENTAL	23. If death was due to external causes (VIOLENCE) fill in also the following:
15. MAIDEN NAME (LINCOLD)  16. BIRTHPLACE (city or town)	Accident, suicide, or homicide?
O 16. BIRTHPLACE (city or town)  (State or country)	Where did Injury occur?
17. INFORMANT Catherine Elis ahms	(Specify city or town, county and State) Specify whether injury occurred In INDUSTRY, In HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Place Balts teems. Date July 20, 1935	Nature of injury
John 14 too backles	24. Was disease or injury in any way related to occupation of deceased?
19. UNDERTAKER (Address)	If so, specify
11/2 -0 11/1/11/11	(Signed) M.D. M.D.
20. FILED. 7, 1933 Amy 7, 6 milly	(Address) Freel, Ma

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

V. S. No. 1

B

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the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

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Example I		Example II	
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Chronic interstitial nephritis AU 2	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 3, 1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	Paris Control
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE FO	OR FURTHER	STATEMENTS	BY	PHYSICIAN
---------------------	------------	------------	----	-----------

MARGIN RESERVED FOR BINDIN

WRITE

Registration Dist. No. 38  Sharp (NSt.: Ward)  Sharp (NSt.: Ward)  Sharp (NSt.: Ward)  MEDICAL CERTIFICATE OF DEATH  MEDICAL CERTIFICATE  MEDICA
MEDICAL CERTIFICATE OF DEATH  MEDICAL CERTIFICATE
MEDICAL CERTIFICATE OF DEATH  MEDICAL CERTIFICATE OF DEATH  MEDICAL CERTIFICATE OF DEATH  (Month) (Day) (Year)  I HEREBY CERTIFY, That I attended the deceased from the last saw has alive on the date stated above, at 2,30 Am the CAUSE OF DEATH * was as follows:
(Month) (Day) (Year)  17 I HEREBY CERTIFY, That I attended the deceased from the I last saw has alive on formal and the death occurred on the date stated above, at 230 Am the CAUSE OF DEATH * was as follows:
Month) (Day) (Year)  I HEREBY CERTIFY, That I attended the deceased from the last saw has alive on formal alive on formal death occurred on the date stated above, at 230 And the CAUSE OF DEATH * was as follows:
hat I last saw he alive on July 193.  Indeed that death occurred on the date stated above, at 230 Ar the CAUSE OF DEATH * was as follows:
he CAUSE OF DEATH * was as follows:
1 111.
1 My scarallo
(Duration) 2 yrs. mos
Contributory Secondary  (Dyrgion)
Signedy / Sellman M. M. 1 192 \ (Address) I on son my
*State the Piscase Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
O LINGTH OF RESIDENCE (For Hospitals, Institutions, Trumients or Recent Residents)
t place In the f deathyrsmosds, Stateyrsmosd
Where was disease contracted, not at place of dea h?
sual residence  9 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
Woodlawn lem. July 14, 193
John Burno Sons Towson
1

(Approved by U. S. Census and American Fublic Health Association.)

tired 6 yrs). definite salary), may be entered as Housewife, Houseshould be used only when needed. As examples: (a) tion applies to each and every person, irrespective ci fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocwhatever, write None. business, that fact may be indicated thus; Farmer (restate occupation at beginning of illness. If retired from gaged in domestic service for wages, as Servant, More, Housemaid, etc. If the occupation has been charged work, or At Home, and children, not gainfully employed, as At school, or At home. Care should be taken er," etc., without more precise specification in laborer, Farm laborer, Laborer—Coal mine, etc. Women at home, who are engaged in the duties of the Spinner, (b) Cotton mill; (a) Salesman, additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the Civil engineer, Stationary freman, etc. But in re-Physician, Compositor, Architect, the first line will be sufficient, e. g., Farmer or Flanter, or given up on account of the DISEASE CAUSING DIVILL Never return "Laborer," "For man," "Manager," worked on may form part of the second statement. report specifically the occupations of persons en-Foreman, For many occupations a single word or term on especially in industrial employments, it is neces-For persons who have no occupation (b) Automobile factory. The material Locomotive engineer, (6) Grocery; Deal-

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemia cerebrosinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,"

diseases resulting from childbirth or miscarriage as accident; Revolver wound of head-homicide; Poisoned by Examples: Accidental drowning; Struck by railway trainand qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, State cause for which surgical operation was undercamplic acid-probably suicide. The nature of the injury, "Uraemia, approved teraius) may be stated under the head of "contributory." "E.haustion," "Heart failure," "Haemorrhage," "Shock," "Shock," "Debility" ("Congenital," "Senile," etc.), "Drcpsy, "E:haustion," "Heart failure," "Ilaemorrhage, tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), st_ted unless important. use of "Tumor" for malignant neoplasms); inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of ...... (name origin; "Cancer" is less definite; avoid unqualified, is indefinite); Tuberculosis of lungs, men-American Medical Association.) can be ascertained as the cause. Always qualify all Chronic interstitial nephritis, Whooping cough; Alecommendations on statement of cause of fracture of skull, and consequences (e.g., sepsis, probably such, if impossible to determine definitely. "Atrophy." "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS state MEANS OF INJULY by Committee on "Weakness," etc., when a definite disease or intercurrent) affection need not be Chronic Example: Measles (disease etc. The contributory valvular heart disease; Nomenclature of the Measles;

If this certificate is looked over thoroughly and all qu stions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

-WRITE PL.

N. B.

# STATE OF MARYLAND—CERTIFICATE OF DEATH

	(42.4)
County Baltunare	Registration Dist. No.
Village or City Batonaville	No Spring grove State Hosp, & B ward
(1	If death occurred in a hospital or institution, give its NAME instead of street and number)
6 / 1 1 .	sds. How long in U.S. if of foreign birth?yrsmosds.
2. FULL NAME Phrs. Leah Jumon	
(a) Residence: No. 828 / Stocks (Usual place of abode) / Ann	St., Ward.
PERSONAL AND STATISTICAL PARTICULARS	If nonresident give city or town and State  MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED.	21. DATE OF DEATH
Deve allo Interior OR DIVORCED (write the word)	July 3/ 193 -
5e. If marriad, widowad, or divorced	(Month) (Dey) (Year)
HUSBAND of (or) WIFE of	22. A HEREBY CERTIFY That attanded deceased from
rous umpu	July 15 , 19 35, to July 31, 19 20
6. DATE OF BIRTH (month, day, and year) 1851, mrknow	-1
7. AGE Years Months Days If LESS than 1 day,hrs.	to heve occurred on the date stated abova, at
/ O ormin.	The PRINCIPAL CAUSE OF DEATH and related causes of importence were as follows:
8. Trada, profassion, or particular kind of work done, as SPINNER, SAWYER, BDDKKEPER, etc	
4 9 Industry or business in which	the fifth of the
work wes done, as SILK MILL, SAW MILL, BANK, etc.	Mercosclesoses
O 10. Date daceased last worked at this occupation (month and spant in this	Form of Geort desease: Cheanic myocarditis Just .
year) occupation	Other Contributory Cances of importance: Muration: not stated
12. BIRTHPLACE (city or town) Warsaus	7-15-
(Stata or country) Polaced,	Immund Emine
14. BIRTHPLACE (city or town) Warsays	Dordin Insulfing on
14. BIRTHPLACE (city or town) Warsay	Name of operation Date on
(Stata or country)	What test confirmed diagnosis! Was there an autopsy?
I 15. MAIDEN NAME Dessee Klingu	23. If death was due to external causes (VIDLENCE) fill in also the following:
15. MAIDEN NAME Dessee Singu  16. BIRTHPLACE (city or town) Curkus Company	Accidant, suicide, or homicida?
(State or country)	Where did injury occur? (Specify city or town, county and State)
17. INFORMANDINO abralian Sellio	Spacify whather Injury occurred in INDUSTRY, in HDME, or in PUBLIC PLACE.
(Addrass) 2 + 4 9 Shurley (file  18. BURIAL, CREMATION, DR. REMOVAL	
Helkew Werkington Ref Date 8/1/35 19	Manner of injury
Doubl familia	ttatete of milary
19. UNDERTAKER DULY ALWAY (Address) 1929 E. Bull AT	24. Was disease or injury in any way related to occupation of daceased?
1 2 4 mily	If so, specify
20. FILED 31, 1930 Registrar.	(Signed) M. D.
Registrar.	(Address)

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

	Example I	i i	Example II		
The principal cause of death and related causes of importance were as follows:		Date of onset	The principal cause of death and related causes of importance were as follows:	S Date of onset	
Arteriosclerosis	RECEIVED	1915	Attack of epilepsy	1 week ago	
Chronic interstitial ne	phritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	AUG 2 1935	July 5,1927	Peritonitis .	3 days ago	
	BUREAU V. S.				
Other contributory	causes of importance		Other contributory causes of importance:	15711	
Gallstones		May 1,1923	Gastroenteritis	1 year	
				<u> </u>	

1. PLACE OF DEATH	(940)
County Maltimore	Registration Dist. No. 3
Village or City Pokes on the	NoSt.,War
	death occurred in a hospital or institution, give its NAME instead of street and number) ds. How long in U.S. if of foreign birth?yrsmosd
2. FULL NAME JOSEPH FRANCIS SINNO	77 If U.S. Veteran specify WAR
(a) Residence: No. Fairmount Aue, Brighte (Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) SINGLE.	21. DATE OF DEATH July 3/24 , 193 5. (Month) (Day) (Year)
o. If married, widowed, or divorced HUSBAND of	V
(or) WIFE of	22. 1 HEREBY CERTIFY, That I attended deceased from
0 / - 160	, 19, to, 19, 19
DATE OF BIRTH (month, day, and year)  AGE Years   Months   Days   if LESS than	l iast saw h; death is sa to have occurred on the date stated above, atm,
AGE Years Months Days if LESS than 1 dey,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance
3 5   7   ormin.	were as follows: Date of one
Rande, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	angina pectoris
9. Industry or business in which	Jangora Jamous
work was done, as SILK MILL, Practisury County	
kind of work done as SPINNER, SAWYER, BOOKKEPER, etc.  9. industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.  10. Date deceased last worked at this occupation (month and 7/3/28)  11. Total time (years) spant in this	
year) occupation occupation	Other Centributery Causes of importence:
2. BIRTHPLACE (city or town) Lockeanne, pallo Co, Ma	Other Conclusively Cauces of Importance.
(State or country)	-
13. NAME Muchael Sunnat	
14. BIRTHPLACE (city or town)	Name of operation Date of
(State of Country)	What test confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME anne Halligan	23. if death was due to external causes (VIOLENCE) fill in also the following:
15. MAIDEN NAME Anne Halligan  16. BIRTHPLACE (city or town) 9 reland	Accident, suicide, or homicide?, 19, 19, 19
(State of County)	Where did injury occur? (Specify city or town, county and State)
7. INFORMANT Anne M. Annott (Address)	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
8. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Place I wall levely Date Mary S, 19 J.	Nature of injury
9. UNDERTAKER Frank H. newell, f. kesville, Md.	24. Was disease or injury in eny way related to occupation of deceased?
	(Signed) Dowel hall anner

CEDTICICATE OF DEATH

1 10 mg 1 12

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

	Example I	- 19	Example II	
The principal cause of of importance were as	death and related caus	es Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	St. 4 In	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephri	itis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	BUREAU V.	July 5, 1927	Peritonitis	3 days ago
Other contributory cau	ses of importance:		Other contributory causes of importance:	
Gallstones		May 1,1923	Gastroenteritis	1 year

ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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MARGIN RESERVED FOR BINDING

V. S. No. 1

STATE OF MARYLAND—	CERTIFICATE OF DEATH 07517
1. PLACE OF DEATH	98-20
County Sallimi	Registration Dist. No. 34 70
Village or City were 14	No. St., Ward
Length of residence in city or town where death occurred	death occurred in a horpital or institution, give its NAME instead of street and number)
2. FULL NAME Ordina & Sing /	4
(a) Residence: No. Suremy R  (b) Suremy R  (a) Residence of abode)	FST., D Ward.  If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (write the word)	21. DATE OF DEATH
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of	22. I HEREBY CERTIFY, That I attended deceased from
Chul 71 1 C/27	9 19 34, to July 16 _19 35
6. DATE OF BIRTH (month, day, and year)  7. AGE Years   Months   Days   If LESS than	light saw h alive on 19.30; death is sald
7 7 7 1 day,hrs.	to have occurred on the date stated above, at
8. Trade, profession, or particular	were as follows:
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 1	Write Comodatin 141
9. Industry or business in which work was done, as SILK MILL, Stain & Poully SAW MILL, BANK, etc. Louis & Poully	
U 10. Date deceased last worked at 11. Total time (years)	a cute Illulation
this occupation (month and year) 1935 spent in this occupation 504	
12. BIRTHPLACE (city or town) (State or country)	Other Contributory Couses of importance:
E 13. NAME John Smith.	
13. NAME  14. BIRTHPLACE (city or town)	Name of operation
(State or country)	What test confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME Marin Boufform	23. If death was due to external causes (VIOLENCE) fill in also the following:
16. BIRTHPLACE (city or town) (State or country)	Accident, suicide, or homicide?
M O BI I to	Where did injury occur? (Specify city or town, county and State)
17. INFORMANT (Address)	Specify whether Injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Place Houseless Oate Jug 19 , 1935	Nature of injury
19. UNDERTAKER AU & Brooks & Son	24. Was disease or injury in any way related to occupation of deceased?
(Address) sparter ma	If so, specify
20. FILEO Lely 17, 1835 Trances & Blake	(Signed) 3 3 3 2 4 M. D.
Registrar.  If more blanks are needed, address State Registrar.	(Address)

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work donc. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

	Example 1		Example II		
The principal cause of of importance were as	death and related causes	Date of onset	The principal cause of dcath and related causes of importance were as follows:	Date of onset	
Arteriosclerosis	RECEIVED	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephr	dis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	AUG 5 1935	July 5,1927	Peritonitis	3 days ago	
	BUREAU V. S.				
Other contributory ca	dses of importance:	1	Other contributory causes of importance:		
Gallstones		May 1,1923	Gastroenteritis	1 year	

2

STATE	OF	MARYL	AND-	CERTIF	ICATE	OF	DEATH

07518

1. PLACE OF DEATH	——— 942
County Baltimore	Registration Dist. No.
Village or City Mosedale	No. St., Ward
A (If	death occurred in a horpital or institution, give its NAME instead of street and number)
Length of residence In city or town where death occurredyrs,mos.	If M le
2. FULL NAME Sugram Storgs S	mille Mat a war veteran
(a) Residence: No. Summer flut More (Usual place of abode)	St., Ward.  If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SfNGLE, MARRIED, WIDOWED, OR DIVORCED (write the world)	21. DATE OF DEATH 3 1935
5a. If marriad, widowed, or divorced	(Month) (Day) (Year)
HUSBAND of Edna. S. Smith.	22. ITHEREBY CERTIFY That pattended dacassed from
6. DATE OF BIRTH (month, day, and year) Mar, 4-1870	Hast saw h sam aliva on Jacky 3 1935; death is said
7. AGE Yaars Months Days If LESS than	to have occurred on the date stated above, at 11.55Pm.
65 3 29 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and ralated causes of importance were as follows:
Trada, profassion, or particular	Bornary Emboli Batant
kind of work dona, as SPINNER, SAWYER, BOOKKEEPER, atc.	
9. Industry or business in which work was done, as SILK MILY arlway Engineer SAW MILL, BANK, etc	0
10. Date dacaasad last worked at this occupation (month and year) are occupation	
Be Pt Pon	Other Contributory Compos of importance:
12. BIRTHPLACE (city or town) (State or country)	Migus Whlimahr Mygrandret 14.
13. NAME Qualrow & Smith	Surting lengin 2 ms.
13. NAME Custree Smith	Name of operation A Data of
(State or country)	What test confirmed diagnosis? Chinain Was there an autopsy?
15. MAIDEN NAME Wary & Merry 16. BIRTHPLACE (city or town) Ballo Co.	23. If death was due to external causes (VIOLENCE) fill In also the following:
o 16. BIRTHPLACE (city or town) & Ballo Co.	Accident, suicide, or homicida?Date of injury19
(State or country)	Where did injury occur? (Specify city or town, county and State)
17. INFORMANT ALL M. Auffle (Address) 34th St & Lamelton Col	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CRIMATION, OR PEMOVAL	Manner of injury
Place Dialitamore Date fully 8 , 1900	Nature of Injury
19. UNDERTAKER JONES GOODE	24. Was disease or injury in any way related to occupation of dacaased?
(Address) [219 St Poul St.	If so, specify
20. FILED 7/4 , 1935 G. W. Bacon Registrar	(Signot) (Addrass) M. D. (Addrass) M. D.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," ctc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death. Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example	11	Example II		
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis 5	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
12				
Other contributory causes on importance:		Other contributory causes of importance:	3 3 4 4	
Gallstones	May 1,1923	Gastroenteritis	1 year	

V. S. No. 1 N. B.—V

1. PLACE OF DEATH	(46-20)
County / Dalluson	Registration Dist. No. 30
	No. / B / Skaces on L Ave St., Ward feath occurred in a hospital or institution, give its NAME instead of street and number)
000000000000000000000000000000000000000	s. ds. How long in U.S. if of foreign birth? 272 yrs. mos. ds
2. FULL NAME Thanna Stude	·
(a) Residence: No. 18   SRaumont Ava	St., Ward.  If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OPRACE S. SINCLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH 7 — 28 ,193 5 (Month) (Day) (Year)
Sa. If married, widowed, or divorced HUSDAND of	
(or) WIFE of Otto Strude	22. I HEREBY CERTIFY, That i ettended deceased from
6. DATE OF BIRTH (month, day, and year) 105 27-1869	I last saw h_2r alive on July 78, 1935; death is said
7. AGE Years Months Days If LESS than	to have occurred on the dete steted above, at 9 15 1m.
66 // 27   1 day,hrs.	mere as follows.
8. Trade, profession, or particular kind of work done, as SPINNER, Housewife SAWYER, BOOKKEEPER, etc.	Ca of Biliary Avos Date or one of
Se Industry or business in which	With mostasiasis 10
kind of work done, as SPINNER, SAWYER, BOOKKEPER, etc.  9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.  10. Date deceased last worked at this occupation (month and	Conser al l'eli 1 et contra
10. Date deceased last worked at this occupation (month and year)	Canter of hilling strates Certal
4	Other Contributory Causes of importance:
12. BIRTHPLACE (city or town)  (State or coughty)  Term caref	CIPTAOSIS OF FIVE
13. NAME Gustar Krecke	
13. NAME Dustar Trecke  14. BIRTHPLACE (city or town)	Name of operation Date of
(State of country)	What test confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME Y Manna ?	23. If death was due to external causes (VIOLENCE) fill in elso the following:
15. MAIDEN NAME Thama 7	Accident, suicide, or homicide? Date of injury, 19
(State or country) Vermany	Where did injury occur?
17. INFORMANT John J. Seedel	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
(Addies 714 Stonleigh for	-
18. BURIAL, CREMETION, OR REMOVAL	Manner of injury
Placebuldon Varic Date July 30, 1935	Nature of injury
19. UNDERTAKER Lichtiaun Cook	24. Was disease or injury in any way related to occupation of deceased?
(Address) 12/1 St Bank & Great	If so, specify
20. FILED 19	(Signed) (Address) 9, 9 Died M. C
	2411 N. Charles Street, Baltimore, Requesting 9.8. A. 40 roville MA

07510

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Example I	1	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis OFFIVED	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
BUREAU V. S.			
Other contributory causes of importance	1	Other contributory causes of importance:	THE REAL PROPERTY.
Gallstones	May 1,1923	Gastroenteritis	1 year

decaed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

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Arteriosclerosis AUC 2 1935	1915	Attack of epilepsy	1 week ago
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Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
The second secon			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastrocntéritis	1 year

A	DDITIONAL	SPACE FOR FU	RTHER ST.	ATEMENTS	BY PHYSICIAN	
AUTHORIZAT:	Ion for	correction	of item	ns 5 and	5a filed under	
DR.	GAREY	August 15.	1935	Bureau	Vital Statistics	_

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V. S. No. 1

#### STATE OF MARYLAND—CERTIFICATE OF DEATH

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0	6	0	4	1	Ł	

1. PLACE OF DEATH		(191)	01001
County Baltimore	<u></u>	Registration D	ist. No.
Village or City / Length of residence in city or town where death occur	(l	No. f death occurred in a horpital or institution, give its NAME the state of the s	St., Ward
2. FULL NAME /M argaret	E. Thom	nan	
(a) Residence: No. 5 13 H	ual place of abode)	St., Ward.  If nonresident gi	ve city or town and State
PERSONAL AND STATISTICAL F	PARTICULARS	MEDICAL CERTIFICATE	OF DEATH
M. W. OR D.	LE, MARRIED, WIDOWED, IVORCED (write the word)	21. DATE OF DEATH	(Day) (Year)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of		22. 1 HEREBY CERTIFY	That I attended deceased from
8 4	16 lday,hrs.	to have occurred on the date stated above, at The PRINCIPAL CAUSE OF DEATH and related causes were as follows:	of importance
SAWYER, BOOKKEEPER, etc	I. Total time (years) spent in this occupation	Oracades and C Unionic diffuser gloonerulor=128 Other Coatributory Causes of importance: Duration	
13. NAME (state or country)  14. BIRTHPLACE (city or town)  (State or country)	haffer	Name of operetion	
15. MAIOEN NAME  16. BIRTHPLACE (city or town)  (State or country)  17. INFORMANT  (Address)  18. BURIAL, CREMATION, OR REMOVAL	md man wan	23. If death was due to external causes (VIOLENCE) fill i Accident, suicide, or homicide?	in elso the following: ite of injury, 19, wn, county and State) E, or in PUBLIC PLACE.
Place buy Calumione	July 8 1935	Manner of injury	
19. UNDERTAKER AM AUM MC (Address) 37 8 Mm	all Mon	24. Was disease or injury in any way related to occupate If so, specify  (Signed)  (Address) 1/297 Cal	on of deceased?

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

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Example I	- 11	Example II	
The principal cause of death and related causes of importance were as follows:	Date of poset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arterioselerosis BUNEALLY	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	uly 5,1927	Peritonitis	3 days ago
NIG 12 1695			
Other contributory causes of importance: V. S.		Other contributory causes of importance:	•
Gallstones	1ay 1,1923	Gastroenteritis	1 year

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OF DEATH

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# V. S. No. 1

#### STATE OF MARYLAND—CERTIFICATE OF DEATH 1. PLACE OF DEATH Registration Dist. No alons rel (If death occurred in a hospital of institution, give its NAME instead of street and number) Length of residence in city or town where death-occurred ... How long in U.S. if of foreign birth?______yrs.____mos.____ds. If nonresident give city or town and State (Osual place of abode) PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3. SEX 4. COLOR OR RACE 5, SINGLE, MARRIED, WIDOWED, 21. DATE OF DEATH OR DIVORCED (quite the word) 193 misace (Day) (Yeer) 5e. If merried, widowed, or divorced HUSBAND OF 22. I HEREBY CERTIFY, Thet i ettended deceesed from (or) WIFE of 1863 6. DATE OF BIRTH (month, day, end yeer) Date to heve occurred on the date stated above, et & O.C. P. m. 7. AGE Yeers Months If LESS than Days 1 day, .....hrs. The PRINCIPAL CAUSE OF DEATH end releted causes of importance or .....mln. Date of enset 8. Trade, profession, or particular kind of work done, es SPINNER, 0 SAWYER, BOOKKEEPER, etc. Industry or business in which work wes done, es SILK MILL. SAW MILL, BANK, etc .... 10. Dete deceesed last worked at 11. Total time (yeers) this occupation (month and spent in this occupation_ 12. BIRTHPLACE (city or town) (Stete or country) FATHER 13. NAME 14. BIRTHPLACE (city or town) ..... (Stete or country) Whet test confirmed diegnosis? MOTHER 15. MAIDEN NAME 23. If death wes due to external causes (VIOLENCE) fill in also the following: Accident, suicide, or homicide? 16. BIRTHPLACE (city or town) Date of injury .... 19. (State or country Where did injury occur?_ (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. 17. INFORMANT (Address) 18. BURIAL, CREMATION, OR REMOVA Manner of injury Nature of injury_ 24. Was disease or injury in any way releted to occupetion of deceased? 19. UNDERTAKER (Address) if so, specify Registrar. (Address)

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Example I	Example II		
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Chronic interstitial nephritis FCEIVED	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
SEP 3 1939			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL S	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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certificate.

See instructions on back of

CAUSE OF DEATH in plain terms, so that it may be

TION is very important.

# STATE OF MARYLAND-CERTIFICATE OF DEATH

1. PLACE OF DEATH		
County Balto.		Registration Dist. No.
Village or City Back Ru	vec at	No. Castern and Rd. St., Ward If death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town where d		sds. How long in U.S. if of foreign birth?yrsmosds.
2. FULL NAME Sarah	v Eigher (	Usher )
(a) Residence: No.	(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATIST	CAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE Col.	5. SINGLE, MARRIED, WIDOWED, OR DEVORCED (write the word)	21. DATE OF DEATH July 8 (Day) (Year)
5a. If married, widowed, or divorced		(month) (bay) (real)
HUSBAND of (or) WIFE of		22. I HEREBY CERTIFY, That I attended deceased from
6. DATE OF BIRTH (month, day, and year)	une 2 1915	I last saw h alive on 19 death is said
7. AGE Years Months	Days If LESS than 1 day,hrs.	THE FRINCIPAL CAUSE OF DEATH and related causes of importance
8. Trade_profession_or_particular	7 01	Date of one at
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	Comestic	Tractined Stevell
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc		
10. Date deceased last worked at this occupation (month and year)	11. Total time (years) spent in this occupation	
12. BIRTHPLACE (city or town)	onda	Other Contributory Caness of importance:
(State or country)	,	- automobile accident -
13. NAME	rannon	shedded off had but pole
14. BIRTHPLACE (city or town) (State or country)	, i	Name of operation Dete of Was there an aulopsy?
15. MAIDEN NAME	•/	23. If death was due to external causes (VIOL ENCE) fill in also the following:
15. MAIDEN NAME 16. BIRTHPLACE (city or town)	• /	Accident, suicide, or homicide? Date of injury, 19
17. INFORMANT Saythrie (Address) Hattas	Clark	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR BEMOVAL Place Bent Culfum Ca	Date July 10, 19 35	Manner of injury
19. UNDERTAKER Miss Ses. N. (Address) 1631 Dunch	Holland Inc.	24. Was disease or injury in any way related to occupation of deceased?
20. FILED July 10, 1935 JA	m S. Cornella Registrar	(Signed) Ithm H. J. Hundruksen M. O. Address) Eastern av. PL

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of importance were as follows:  Arteriosclerosis  Alig 8 1935	1915	The principal cause of death and related causes of importance were as follows:  Attack of epilepsy	Date of onset  1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage   BIRFAO	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:  Gallstones	May 1,1923	Other contributory causes of importance:	1 year

ADDITIONAL :	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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Example I Example II The principal cause of death and related causes The principal cause of death and related causes Date of onset Date of onset of importance were as follows: of importance were as follows: Arteriosclerosis 1915 Attack of emilen 1 week ago Chronic interstitial nephritis 1921 Run over by street car 1 week ago Cerebral hemorrhage July5,1927 Peritonitis 3 days ago Other contributory causes of importance: Other contributory causes of importance: Gallstones May 1,1923 Gastroenteritis 1 year

V. S. No. 1

STATE OF I	MARYLAND-	CERTIFICATE	OF	DEATH
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07525

1. PLACE OF DEATH	)	LAND	- QUE
County Baltimore	. Maryla	nd	Registration Dist. No.
Village or City Fort Howar	d	(1	No. Station Hospital St., Ward f death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town where		yrsmos	sds. How long in U.S. if of foreign birth?yrsmosds.
2. FULL NAME John We	ldon		If U.S. Veteran specific WAR World War; Spanish  American War 1898; Philippine Insurrection
(a) Residence: No.			St., Ward. 1899-1901
PERSONAL AND STATIST	(Usual place		If nonresident give city or town and State  MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE White	S. SINGLE, MAR	RIED, WIDOWED, D (write the word)	21. DATE OF DEATH July 24 , 193 5 (Month) (Day) (Year)
5a. If married, widowed, or divorced HUSBANO of (or) WIFE of			22. I HEREBY CERTIFY, That I ettended deceased from May 9 1935 to July 24 1935
6. DATE OF BIRTH (month, day, end year)	Unknown	1878	I last saw h 1m elive on July 24 , 19 35; death is said
7. AGE Years Months	Days	If LESS than	to heve occurred on the date stated above, at 5:35 Pm.
57		1 day,hrs.	more as follows:
8. Trede, p:ofession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc	oldier. R		Coronary thrombosis hayo, 1935
andustry or business in which work was done, as SILK MILL,			
SAW MILL, BANK, etc	spe	ime (years) nt in this upation	
IN DIRECTOR (Side of Asset)			Other Contributory Causes of Importance: Arterial hypertension 1931
12. BIRTHPLACE (city or town)  (State or country)  Penna.			Auricular fibrillation May 20,193
13. NAME John Weldon			
T	adelphia, na.		Name of operation None Date of What test confirmed diagnosis? Clinical Was there an autopsy? No
15. MAIDEN NAME Mary Carli	n		23. If death wes due to external ceuses (VIOLENCE) fill in elso the following:
	ladelphia nna.	1	Accident, suicide, or homicide? Date of injury, 19
17. INFORMANT Hospital Reco	rds aryland		(Specify city or town, county and State) Specify whether Injury occurred in INDUSTRY, In HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL Place Carlington National Co.	net Date and	n 26 19 33	Manner of injury
19. UNDERTAKER AD Les	Person	+ Byo	24. Was disease or injury in any way related to occupation of deceased? NO
20. FILED WAY 24, 1935 /9	W m	nies Mi	If so, specify   M. Caldwell Jr.     (Signed)   1st Lieut.   Medical Corps   M.D.     (Address)   Fort Howard   Maryland

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

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of onset	The principal cause of death and related causes	
	of importance were as follows:	Date of onset
1915	Attack of epilepsy	1 week ago
1921	Run over by street car	1 week ago
y5,1927	Peritonitis	3 days ago
	Other contributory causes of importance:	
y 1,1923	Gastroenteritis	1 year
	NEW AND LONG TO BE A SECOND OF THE RESIDENCE OF THE RESID	
	j 1,1923	

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INLY,	be carefu	EATH in	mportant
LAINLY,	ild be carefu	DEATH in	ry important
PLAINLY,	hould be carefu	OF DEATH in	very important
RITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT-RECORD. Every item o	ion should be carefully supplied. AGE should be stated ENACTLY. PHYSICIANS shoul	USE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OC	N is very important. See instructions on back of certificate.

STATE OF MARYLAND—	CERTIFICATE OF DEATH 07526
1. PLACE OF DEATH	(2-0)
County Baltenione	Registration Dist. No. 38
Village or City Overlea	No. 69.00 Law Viscad St., Ward death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurredyrs6mos	death occurred in a hospital of institution, give its 1474/12 instead of street and number) ds. How long in U.S. if of foreign birth?yrsmosds.
2. FULL NAME Sovert Wiagius	Nota war veteran
	d St., Ward.
(Usual place of abode) PERSONAL AND STATISTICAL PARTICULARS	If nonresident give city or town and State  MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED,	21. DATE OF DEATH ()
Male while widowed	(Month (Oay) (Yaar)
5a. If marriad, widowad, or divorced HUSBANO of	
(or) WIFE of May Solar	1 HEREBY CERTIFY, That I attended decased from 30 1935, to 2011 8 1936
6. DATE OF BIRTH (month, day, and year) Nich 20. 1857	( Jast saw h sees elive on July . 8 , 19.4 2; death is said
7. AGE Yaars Months Days If LESS Man	to have occurred on the data stated above, at A.m.
8 ormin.	The PRINCIPAL CAUSE OF DEATH end related causes of importance were as follows:
Trede, profassion, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	central hemorhade jumos.
S 9. Industry or business in which	J
work was done, as SILK MILL Socler) Maker  SAW MILL, BANK, etc.  10. Oata deceased last workad at  11. Total time (years)	
this occupation (month and year)	
12. BIRTHPLACE (city or town) - Montreal Cagnada	Other Contributory Causes of Importanca:
(State or country)	
13. NAME John Mygus	
13. NAME Waggue  14. BIRTHPLACE (eify or town)  (State or country)	Name of operation Date of
	What test confirmed diagnosis? Lagrand Was there an autopsy? Was there are autopsy?
E N	23. If daath wes due to external causas VIOLENCE) fill in also the following:  Accident, suicida, or homicide?
State or country)	Whera did injury occur?
17, INFORMANT COM C. Dayel	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, In HOME, or in PUBLIC PLACE.
(Address) (900 Belain Read  18. BURIAL, CREMATION, OR REMOVAL	
Place to Law The Place Ma Oata Ul 0 19 3 5	Manner of injury
000000000000000000000000000000000000000	Nature of Injury
19. UNDERTAKER OFWO: Milebell Frus	24. Was disaase or Injury in any way related to occupation of dacaasad?
20, FILED 6/8 1935 O. M. Bacon	(Signad) whee Italian, M.D.
Registrar.	(Addrass) 4116 Newthern Tollary

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be recured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury eausing death. As related causes, name earlier morbid conditions, if any, related to the principal eause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	ate of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis 1935	1915	Attack of epilepsy	1 wcck ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

#### ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

Ly or whose that

STATE OF MARYLAND-CERTIFICATE OF DEATH

Zi i LAGE C	F DEATH	10		93-2)
County				Registration Dist. No.
	City Sparrows P		(III	NoSt., W death occurred in a hospital or institution, give its NAME instead of street and number)  ds. How long in U.S. if of foreign birth?yrsmos
	ME Allen Wi			
(a) Reside	nce: No.	(Usual place of	abode)	St., Ward.  If nonresident give city or town and State
PERSO	NAL AND STATIST	ICAL PARTIC	ULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX Male.	4. COLOR OR RACE Negro.	5. SINGLE, MARR OR DIVORCED MATTIO	(write the word)	21. DATE OF DEATH ULY . 7 (Day) (Yeer (Yeer
5a. If married, wido HUSBANO of (or) WIFE of		nknowu		22. I HEREBY CERTIFY, That I ettended deceased
	(month, day, and year) ars Months	Days	If LESS than 1 day, hrs.	I last saw h elive on, 19; death is to have occurred on the date stated above, et
8. Trede, profind of SAWYEI SA	sesion, or particular work done, as SPINNER, BOOKKEEPER, etc	th Steel:   11. Total times spent occup	C.O.e	were as follows:  On Investigation I Find The Cause  Of Death.Cronic Myocarditis.  Other Contributory Causes of Importance:
13. NAME	Allen Wiles.	orence S.C		
1.7.	E (city or town)	oronce D.C	•	Name of operation Oate of
∑ (State o	E (city or town) Flor r country)	s.c.		What test confirmed diagnosis?
(Address)	Louise McM 517 Hon, or removal Ormel S. C.	N. Mount S		Manner of Injury
Place7.5		O V-1	0	24. Wes disease or injury In any way releted to occupation of deceased?

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

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Statement of cause of death. Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier probid conditions if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Exampl 2		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	921	Run over by street car	1 week ago
Cerebral hemorrhage .	aly,5,1927	Peritonilis ·	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
	3	5	

ADDITIONAL SPAC	E FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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45 0	

V. S. No. 1

1		STATE O	F MAR	YLAND-	CERTIFICATE	E OF DEA	TH 0'	7528
1.	PLACE OF D	EATH			23			2
	County Ba	ltimore				Registration	Dist. No	72
	Village or City	Mt. Wilso	n		No. Tuberculo	n Branch Sis Sanat	oriumst.	Ward
	Length of residence	in city or town where d	eath occurred	O yrs. 7 mos	death occurred in a hospital or in 20 ds. How long in U.S.	nstitution, give its NAMI . if of foreign birth?	E instead of street and	number)
2.	FULL NAME.	Goldie	Wilfon	5				
Fo	rm Residence: N	o. 3143 Ti	lden Di (Usual place	cive	St.,Ward.	Baltimor If nonresident	e, Md	d State
	PERSONAL	AND STATISTI	CAL PARTI	CULARS	MEDICAL	CERTIFICATE		
3. SE	emale 4.0	White		RIED, WIDOWED, D (write the word)	21. DATE OF DEAT	H July	30th,	, 1935
5a. If	married, widowed, or HUSBAND of	divorced			0.04.0			(Year)
	(or) WIFE of		Single		December 10t	BY CERTIF	Y. That I attended	deceased from
6 DA	TE OF BIRTH (month	day and year) De	cember	20, 1907	I last saw h. 8.2 alive on	July 3	Oth 10.35	19
7. AG		Months	Days	If LESS than	to have occurred on the date :			r., death is said
	27	7	10	1 day,hrs.	The PRINCIPAL CAUSE OF D			
ZN	8. Trade, profession, o	or particular			were as follows:			Date of onset
CCUPATION	SAWYER, BOOK	KEEPER, etc.	ailorin		Pulmonary t	uberculos	ís	April
PA	Andustry or busine work was done, SAW MILL, BAI	ss in which as SILK MILL,	actory	Manual Property of the Parket				1930
3	5 p. t. d		11 Total ti	me (veare) IIn-				
00	this occupation year)	(month and Unknown	spa occu	me (years) Un- nt in this known				-
		IInlenou			Other Contributory Causes of	Importance:		
12. B	IRTHPLACE (city or to (State or country)		irginia	. •	None			
2 1	3. NAME Jac	ob W. Wil	fong					
FATHER	4. BIRTHPLACE (city (	Unkno			Name of operation NO	operatio	n Date of	
F .	(State or countr	west	Virgini	.a	What test confirmed diagnosis			
1 ER	5. MAIDEN NAME	Catherine	J. Mov	ry	23. Il death was due to externa	COUSES (VIOLENCE FIL	Toundalin	. sputum
MOTHER	6. BIRTHPLACE (city	or town) Unkno			Accident, suicide, or homicide			
Σ	(State or count	(y) West	Virgini	8.	Where did injury occur?			
17. IN	(Address)	t. Wilson	huerho	ly	Specify whether injury occurre	(Specify city or ad in INDUSTRY, In HO	town, county and Sta ME, or in PUBLIC PL	te) .ACE.
18. Bi	URIAL, CREMATION, C	R REMDYAL	p /.	0	Manner of Injury			
	Plece Dacar	1 Stears	Date/3	1930	Nature of injury			
19. U	NDERTAKER	4. Frakey To	Long		24. Was disease or injury in ar	ny way related to occupa	tion of deceased?	No
	(Address)	1318 de	ght St	, 7	If so, specify	)	1 . , 0	
20. FI	LED 7/3/	1931. 8	8 111	choe	(Signed)	un (1.x	fuith	M. D.
			-	Registrar.	(Address)	Mt. Wilso	n Md.	

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

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Example I	34	Example II	
The principal cause of death and related causes of importance were as follows	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis 1935	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis AUG 2 1933	1921	Run over by street car	1 week ago
Cerebral hemorrhage BUREAU V. S.	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	100
Gallstones	May 1,1923	Gastroenteritis	1 year

-WRITE PLAINLY, WITH UNFADING LARGE should be stated EXACTLY. PHYSICIANS should state mation should be carefully supplied. AGE should be stated EXACTLY. FIXER statement of OCCUPA-PHYSICIANS should state N. B.-WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-CAUSE OF DEATH in plain terms, so that it may be properly classified. TION is very important. See instructions on back of certificate. MARGIN RESERVED FOR BINDING

V. S. No. 1

1. PLACE OF DEATH	F MARYLAND	
County Baltian	we d	Registration Dist, No. 38
Village or City Question Village or City Question Village or City Question Village of the Villag	1 - 21	NoSt.,Ward  f death occurred in a hospital or institution, give its NAME instead of street and number)  sds. How long in U.S. if of foreign birth?yrsmosds.
2. FULL NAME Galasses (a) Residence: No. 40219	Hellems Hyma ov (Psualplace of abode)	St., Ward.  'If nonresident give city or town and State
PERSONAL AND STATISTI	CAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE  Col	5. SINGLE, MARRIED, WIDOWED, QR DIVORCED (aurite the word)	21. DATE OF DEATH (Month) (Day) 24, 198 35
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of	-	22. I HEREBY CERTIFY, That attended deceased from
(or) WIFE of		July 22 1035 to July 24 1955
6. DATE OF BIRTH (month, day, and year)	122 135	I lest raw h alive on July 2 4, 1933; death is said
7. AGE Years Months	Days If LESS than 1 day,hrs. ormin.	to have occurred on the dete stated above, atm.  The PRINCIPAL CAUSE OF DEATH end related causes of importance were as follows:
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc		Poremation Birth
9. Industry or business in which work wes done, es SILK MILL, SAW MILL, BANK, etc.		
10. Date deceased last worked et this occupetion (month and year)	11. Total time (years) spant in this occupation	
12. BIRTHPLACE (city or town) Toucho (State or country)	ran	Other Contributory Causes of importanco:
II 13. NAME GWELLIAM	Williams	-
13. NAME GIVELLE  14. BIRTHPLACE (city or town) (State or country)	Ind	Namo of operation Date of What test confirmed diagnosis? Wes there en autopsy?
15. MAIOEN NAME Calker	ene William	23. If death was due to external causes (VIOLENCE) fill in also the following:
15. MAIOEN NAME Calkie  16. BIRTHPLACE (city or town)	4-4-1	Accident, suicide, or homicide?
(State or country)	Ma	Where did injury occur?
17. INFORMANT William (Address) 402 VV	Williams out	(Specify city or town, county and State) Specify whether injury occurred in INOUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION OR REMOVAL Place Pullounces	Rest centy, 1931	Manner of injury
19. UNOERTAKER JAKCON X 7 (Addjess)	Harrie Weight	24. Was disease or injury in any way related to occupation of deceased?
20. FILEO Jaly 1935	(em Parau-	(Signed) . U & Wester M. D

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Example I		Example II		
The principal cause of death and related causes of importance were as follows:  Arteriosclerosis	Date of onset	The principal cause of death and related causes of importance were as follows:  Attack of epilepsy	Date of onset	
Chronie interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5,1927	Peritonitis .	3 days ago	
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PI	HYSICIAN
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If more blanks greeneeded, addless State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Date of onset

BINDING

RESERVED

ARGIN

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis / O.	1915	Attack of epilepsy	1 week ago
Chronic interstitial pephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance.		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

STATE OF MARYLAND—	CERTIFICATE OF DEATH 07531
1. PLACE OF DEATH	
County ( Cleft on or	Registration Dist. No.
Village or City North Pour Crces	No. St., Ward
Length of rasidenca in city of town where gaath occurredyrs,mos.	death occurred in a hospital or institution, give its NAME instead of street and number)  ds. How long in U.S. If of foreign birth?
2. FULL NAME Stell From dotters	Bickel ouse
(a) Residence: No.	St., Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED ("grite the word) Single ("grite the word)	21. DATE OF DEATH  (Month) (Day) (Year)
5a. If marriad, widowed, or divorced HUSBAND of (or) WIFE of	22. I HEREBY CERTIFY, That I attended daceased from
6. DATE OF BIRTH (month, day, and year) July 10 16 1935	19   19   19   19   19   19   19   19
7. AGE Yeers Months Days In LESS than	to have occurred on the date stated above, at
1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and ralated causas of Importance were as follows:
8 Trade profession or particular	Date of onset
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, atc	All om jours
work was done, as SILK MILL, SAW MILL, BANK, atc.	
10. Date deceased last worked at this occupation (month and spent in this	(7/1/100)
year) occupation	Other Contributory Cances of importance;
12. BIRTHPLACE (city or town) North Com Creek	Other Contrantery Canses of Importance:
(Stata or country) Spanish and	
13. NAME Derlin ZICKE Juse	7
4 14. BIRTHPLACE (city or town) (State or country)	Name of operation Data of
15. MAIDEN NAME Helen Cent	What test confirmed diagnosis? Was there an autopsy?
	23. If deeth was dua to external causes (VIOL ENCE) fill in also the following:
0 16. BIRTHPLACE (city or town) (State or country)	Accidant, suicide, or homicide? Date of injury, 19
17. INFORMANT Holey Penny Zickefore (Address) noth or it ores	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL Place Lut a Johns date pans, 19	Manner of injury
19. UNDERTAKER In at one calfabratory (Addiess)	24. Was disease or injury in any wey related to occupation of deceased?
20. FILED Uly// 1935/19 All Com Com.	(Signed) (Address) Production (Address)
If more blanks are needed address Seets Parish	N. Challe Charles and the second

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributor causes of importance, name other important diseases or injuries. Examples:

Example I IVED		Example II	
The principal cause of death and related causes of importance were as follows:  Arteriosclerosis	Date of onset	The principal cause of death and related causes of importance were as follows:  Attack of epilepsy	Date of onset
Chronic interstitial nephretis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year